

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

42807
Do not use this space.

REC'D JAN 6 1938

1. PLACE OF DEATH

(a) County Cole Registration District No. 213

(b) Township _____ Primary Registration District No. 3014

(c) City Jefferson City (d) Street No. Saint Mary's Hospital Registered No. 320
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Levon Billingsby Webb

(a) Residence, No. 101 E. McCarty St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Golda Webb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7, 1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	64	2	2	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Const. Engineer

9. Industry or business in which work was done, as saw mill, bank, etc. Highway Dept.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Martinsville, Ind.

FATHER	13. NAME <u>William H. Webb</u>	1
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	7
MOTHER	15. MAIDEN NAME <u>Elsie Mathews</u>	7
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	9

17. INFORMANT (ADDRESS) Mrs. Golda Webb
St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joe, Mo. DATE Dec. 11, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John F. Heinrichs
Jefferson City, Mo.

20. FILED 12/10/1938 D. W. Bradford, M. P. 111 (Address) Jefferson City, Missouri
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 9th 1938 to Dec 9th 1938
I last saw him alive on Dec 9th 1938 Death is said to have occurred on the date stated above, at 11:30 p.m.
The principal cause of death and related causes of importance were as follows:
Lobar pneumonia (streptococcus) Date of onset Nov 9

47

Other contributory causes of importance:
Empyema Carcinoma (lung)

Name of operation Thoracotomy Date of Dec 9th

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) [Signature] _____, M. D.
Jefferson City, Missouri

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 23 1948

MISSOURI DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH
JEFFERSON CITY, MISSOURI

STATEMENT BY LICENSED EMBALMER

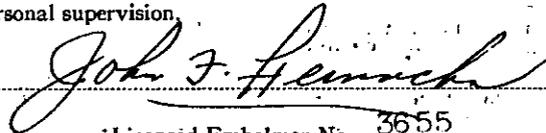
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

John F. Heinrichs

or by

Registered Apprentice No. _____ working under my personal supervision.

Signed



Licensed Embalmer No. 3655

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.