RECD JUL 17 1940

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

21528
Do not use this space.

1. PLACE OF DEATH
(a) County Clay 2 Registration District No. 198
(b) Township Fishing River 0 Primary Registration District No. 3011 Registered No. 92
(c) City Excelsior Springs, Mo. (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 100 Elizabeth Augusta Webb
(a) Residence, No. 5240 E 7th St. K.C. Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Larkin Webb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1866

7. AGE Years 74 Months 0 Days 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Homemaker
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

FATHER
13. NAME David Holt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Mary Elizabeth Fuller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Essie McCarty
(ADDRESS) 5241 E 7th St. K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakland Cem. 8 Miles East of Indep. Mo. DATE June 3-40, 19

19. FUNERAL DIRECTOR (NAME) C.H.Blackman & Son, Inc.
(ADDRESS) 2825 Indep. Blvd. K.C.Mo.

20. FILED June 11, 1940 Mrs Rea McCracken Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31st, 1940

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to May 31st 40, 19...
I last saw him alive on May 31st 40, 19... Death is said to have occurred on the date stated above, at 8 A.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
9410	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? History Was there an autopsy?

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) Excelsior Springs Mo, M. D.
(Address)

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

BOM-1-12-38 I X14025

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, _____, or by _____

Registered Apprentice No._____, working under my personal supervision.

Signed_____

Licensed Embalmer No._____

P. O. Address_____

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.