

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2805**

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5606 Brooklyn Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 26 Years  
years, months or days)

3. (a) PRINT FULL NAME Mr. Edward Earl Webber **160**

3. (b) If veteran, name war no 3. (c) Social Security No. Now

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Virginia C. Webber 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 27, 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 9 12 hr. \_\_\_\_\_ min.

9. Birthplace Harrisonville Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Owner & Operator Of

11. Industry or business Motion Pictures Theaters

12. Name Edward Webber

18. Birthplace Unknown England  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Etta Van Riper

15. Birthplace Joliet Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant E. E. Webber Jr.

(b) Address 5606 Brooklyn

17. (a) Burial & Removal (b) Date thereof July 11, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harrisonville, Missouri

18. (a) Signature of funeral director D. H. Newcomer

(b) Address 1401 Brush Creek Blvd.

19. (a) July 11, 1940 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5606 Brooklyn Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9  
year 1940 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from November 13  
1939 to July 9, 1940  
that I last saw him alive on July 8, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma of Stomach  
Metastases to peritoneum  
Duration 1 yr.  
6 mo.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Prostate Carcinoma  
12-4-39  
Of autopsy findings above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature P. T. Bohan (M. D. or other) \_\_\_\_\_

Address Plaza Med. Bldg Date signed 7-10-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Webber Dr. Max Berry  
201 Playa Vista  
1-5 PM

**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.....

*C. Hervey Guisenber*

Licensed Embalmer No.....

4070

P. O. Address.....

*A. C. M...*

**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.