

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **39461**

DEC 16 1940

Registration District No. **668**

Primary Registration District No. **3032**

Registrar's No. **352**

1. PLACE OF DEATH:

(a) County **Pettis**  
(b) City or town **Sedalia**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**728 East 5th**  
(If not in hospital or institution, write street number or location) **2**  
(d) Length of stay: In hospital or institution **2**  
(Specify whether years, months or days) **nine years**

8. (a) PRINT FULL NAME **Samuel Augustus Webb**

8. (b) If veteran, name war **none** 8. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Clara Burton Webb** 6. (c) Age of husband or wife if alive **85** years

7. Birth date of deceased **November 4, 1847**  
(Month) (Day) (Year)

8. AGE: Years **93** Months **0** Days **6** If less than one day hr. min.

9. Birthplace **Macon County, Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer-retired**

11. Industry or business

12. Name **James Webb**  
13. Birthplace **Baltimore, Maryland**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Elizabeth Elam**  
15. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Clara Webb**  
(b) Address **728 East 5th, Sedalia, Mo.**

17. (a) **Burial** (b) Date thereof **11/13/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Shawnee Mound**

18. (a) Signature of funeral director **Harvey Shedd**  
(b) Address **Sedalia**

19. (a) **11-11-40** (b) **Mrs. Harry Shedd**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**  
(c) City or town **Sedalia**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **728 East 5th**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. **years.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **10**  
year **1940** hour **4 a.** minute **M.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**  
Due to **Encephalitis**  
Due to **12/1**

Other conditions **Chronic interstitial nephritis**  
(Include pregnancy within 3 months of death)  
**Blind for 16 years**

Major findings: **Chronic interstitial nephritis**  
Of operations **None**

Of autopsy **None**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **Person's life laps**  
(b) Date of occurrence **Aug 19 1938. no hearing**  
(c) Where did injury occur? **at home**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Yes. Fell on floor**

While at work? **No** (Specify type of place) **Fell on floor**  
(e) Means of injury

23. Signature **Chas. A. Webb** (M. D. or other)  
Address **Sedalia Mo** Date signed **Nov 11/1940**

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 12-16-40

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**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

*Duane Ewing*

Licensed Embalmer No. 3847

P. O. Address Sedalia, Missouri

**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.**