

Registration District No. 169

Primary Registration District No. 40-9-9523 Registrar's No. 1

1. PLACE OF DEATH:

(a) County Chariton
(b) City or town Dalton Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bradford's Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton
(c) City or town DALTON, RURAL
(If outside city or town limit write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME ANDREW JACKSON WEBB

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

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 28 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace CHARITON Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name JAMES WEBB

13. Birthplace VIRGINIA
(City, town, or county) (State or foreign country)

14. Maiden name CECILEY ANN AGEE

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

16. (a) Informant Mr. Jess Coleman

(b) Address Dalton, Mo.

17. (a) Burial (b) Date thereof Jan 7 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DALTON, Mo.

18. (a) Signature of funeral director JOHN H. MEYER

(b) Address BRUNSWICK, Mo.

19. (a) Jan 7 1941 (b) Harry E. Tatum
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 5th
year 1941 hour 10 minute 50 A.M.

21. I hereby certify that I attended the deceased from July 24 1940 to January 5 1941
that I last saw him alive on January 5 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. endocarditis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy _____

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 Carl C. Keger (M. D. or other) _____

Address Keytesville, Mo. Date signed 1/7/41

Duration

Don't know

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2-1
0

RECEIVED
District Health Officer No. 8
District File Number 75-10-41
Date Filed

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.