

FILED FEB 18 1941

S. No. 2
-11-10-39
5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4680

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Neuada
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Neuada City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 da (Specify whether years, months or days)

In this community 60 yrs

8. (a) PRINT FULL NAME John Webb

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

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

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

7. Birth date of deceased Jan 9, 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>0</u>	<u>4</u>	hr. _____ min.

9. Birthplace unknown Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation R.R. Engineer (Retired)

11. Industry or business R.R.

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant Mrs. Charles Webb

(b) Address Neuada, Mo

17. (a) Burial (b) Date thereof 1/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Winters Cemetery

18. (a) Signature of funeral director Ferry Funeral Home
(b) Address Neuada, Mo

19. (a) 1-23-41 (b) Allen K. Karp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Vernon

(c) City or town Neuada
(If outside city or town limits, write "RURAL")

(d) Street No. 512 E. Perry
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13, year 1941 hour 5:30 minute _____ M.

21. I hereby certify that I attended the deceased from Jan 12 to Jan 13, 1941; that I last saw him alive on Jan 13, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bronchial Pneumonia

Due to Pneumococcus infection

Due to _____
Other conditions Ch. CVR Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

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? 775
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Bl. Gray M.D. (M. D. or other) _____
Address Neuada Mo Date signed 1-15-41

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

18
1
2

RECEIVED

District Health Officer No. 7,

District File Number 2-41-223

Date Filed 2-5-41

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.....

Lloyd R. Winscott

Licensed Embalmer No.....

2857

P. O. Address.....

Merada, 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.