No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

106719

State File No.

Registration District No. 318 APR 10 1941

Primary Registration District No. 2001

Registrar's No. 201

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

39
2
6

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 413 W. Division 1
(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 Greene 39

(c) City or town Springfield, 2
(If outside city or town limits, write "RURAL")

(d) Street No. 413 W. Division 6
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Louisana Rucker Webb

3. (b) If veteran, name war None None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James B. Webb

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased July (Month) 31, (Day) 1861 (Year)

8. AGE: Years ✓ 79 Months 7 Days 8 If less than one day hr. min.

9. Birthplace Howard County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation In Home

11. Industry or business

FATHER
12. Name Benjamin F. Robinson
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country) 1

MOTHER
14. Maiden name Sarah Edna Pearson
15. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country) 1

16. (a) Informant Mrs. C. B. Berg
(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/ (Month) 11/ (Day) 41 (Year)
(c) Place: burial or cremation Eastlawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 3-11-41 (Date received local registrar) (b) W.E. Handley MD RGB (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1941 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from 2-19-41, 19, to 2-19, 1941; that I last saw her alive on 2-19-41, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Degenerative Heart Disease c̄ Fibrillation	?
Due to: Senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

93 F

Major findings:
Of operations
Of autopsy

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

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23. Signature [signature] (M. D. or other) 11
Address Springfield, Mo. Date signed 3-16-41

(Licensed Embalmer's Statement on Reverse Side)

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 Wayne X Hinkle

Licensed Embalmer No. 3444

P. O. Address Springfield M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.