

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37742

FILE DEC 11 1941 67

State File No.

Registration District No.

Primary Registration District No. 5106

Registrar's No. 16

1. PLACE OF DEATH:

(a) County. Bollinger
(b) City or town. RURAL Scapin, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home near Yount, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community 60 yrs. 3 mo. 19 days.
years, months or days

3. (a) PRINT FULL NAME Elisa Catherine Robinson Webb

3. (b) If veteran, name war No. 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Richard Eli Webb 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased June 1st 1881
(Month) (Day) (Year)

8. AGE: Years 60 Months 3 Days 19 If less than one day hr. min.

9. Birthplace Bollinger County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER { 12. Name William Robinson
13. Birthplace Sedgewickville, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Sebaugh
15. Birthplace Sedgewickville, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature R. E. Webb
(b) Address Yount, Mo.

17. (a) Burial (b) Date thereof 9/22/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Near Yount, Mo.

18. (a) Signature of funeral director Robert E. Drees

(b) Address Mrs. Henry Illers

19. (a) 9/20/41 (b) Mrs. Henry Illers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. Near Yount, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 20th.
year 1941 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1st 1941, to Sept 20th 1941,
that I last saw her alive on Sept 15th 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac asthma,

Due to

Due to

Other conditions 95C2
(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 C

23. Signature Edw. Critz (M. D. or other)
Address Sedgewickville, Mo. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Glen Wilson

Licensed Embalmer No.....2828.....

P. O. Address.....Jackson, 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.