No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5694

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 786

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 606 East 12th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --
In this community 20 YRS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.: 1213 Lydia
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

48

3. (a) PRINT FULL NAME: Arvelle Webb
3. (b) If veteran, name war: no
3. (c) Social Security No. 494-12-7739
4. Sex: Male
5. Color or race: Negro
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: APR (Month) 10 (Day) 1893 (Year)

8. AGE: Years 48 Months 10 Days 11 If less than one day hr. min.

9. Birthplace: Cole Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Store porter
11. Industry or business:

MOTHER FATHER
12. Name: Henry Taylor Webb
13. Birthplace: Missouri (City, town, or county) (State or foreign country)
14. Maiden name: Lettie Tompkins
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Sam C. Webb
(b) Address: 1011 Harrison
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-26-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Mo Jeff. City
18. (a) Signature of funeral director: Flynn & Groenstreet
(b) Address: KC Mo
19. (a) 3/25/42 (Date received local registrar) (b) M. M. Crowl (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21 year 1942 hour 4 minute 50 P M.

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

Immediate cause of death: Bilateral Lung Cancer

Due to: Cancer Primary Liver

Due to:

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

Major findings: Of operations: 3

Of autopsy:

Duration

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)
While at work? (e) Means of injury:

23. Signature: (M. D. or other)
Address: Date signed

(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 J. P. Sheil

Licensed Embalmer No. 3625

P. O. Address Kansas City

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

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