. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20480

State File No.

FILED JUL 3 1942

Registration District No. 297

Primary Registration District No. 1002

Registrar's No. 2393

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: St Lukes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether

In this community 6 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson 999

(c) City or town Mission Kansas Ky
(If outside city or town limits, write "RURAL")

(d) Street No. 50 Highway
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Wm Charles Webber

3. (b) If veteran, name war No

3. (c) Social Security No. 326-03-7001

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Ester Webber

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Nov (Month) 7 (Day) 1903 (Year)

8. AGE: Years 38 Months 7 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Sedan (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Newspaper Publisher

11. Industry or business

FATHER
12. Name Lawrence Webber
13. Birthplace Newton (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Lovia Antle
15. Birthplace Newton (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Mrs Esther Webber
(b) Address Kansas City Mo

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof June 21-42 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery K.C. Mo

18. (a) Signature of funeral director Kinsey Funeral Home
(b) Address Mission Kansas

19. (a) 6/21/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th year 1942 hour 10, minute 30 P.M.

21. I hereby certify that I attended the deceased from 6-8-1942, 19..., to 6-19, 1942 that I last saw him alive on 6-19-, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chrendocarditis Aortic Valve	20 yr
Due to Rheumatic Fever	28 yrs
Due to Hydrothorax 9 D.C.	2 weeks

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Chrendocarditis aortic Valve, Passive Pulmonary Congestion

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) No

(b) Date of occurrence No

(c) Where did injury occur? No (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? No (e) Means of injury? No

23. Signature J. B. Miller (M.D. or other)

Address 8007 Overland Blvd Date signed 6-20-42

Overland Park, Kan

3(-1

(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 Wm.

....., Registered Apprentice No.....

working under my personal supervision.

Signed J. S. Ramsey

Licensed Embalmer No. 4165

P. O. Address Mission Kans

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, fact should be so stated above.