

Registration District No. **464**

Primary Registration District No. **5627**

Registrar's No. **37**

54
00

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

1. PLACE OF DEATH:
 (a) County... *Lafayette*
 (b) City or town... *Odessa (Rural)*
 (c) Name of hospital or institution... *3 miles W. Odessa Mo.*
 (d) Length of stay: In hospital or institution...
 In this community... *50 yrs*

2. USUAL RESIDENCE OF DECEASED:
 (a) State... *Missouri* (b) County... *Jackson*
 (c) City or town... *Oak Grove (Rural)*
 (d) Street No... *5 mi South*
 (e) Citizen of foreign country? (Yes or No) *0*
 If yes, name country...

3. (a) PRINT FULL NAME *Florence F. Webb*
 (b) If veteran, name war...
 (c) Social Security No. ...

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month *June* day *26*
 year *1942* hour *11* minute *30 P.M.*

4. Sex *F M I* 5. Color or race *W*
 6. (a) Single, widowed, married *divorced Married*
 (b) Name of husband or wife... *Elmer*
 (c) Age of husband or wife if alive... *55* years
 7. Birth date of deceased *Aug 8 - 1885*

21. I hereby certify that I attended the deceased from *date of death June 26 1942*
 that I last saw him *just after death June 26 1942*
 and that death occurred on the date and hour stated above.

8. AGE: Years *53* Months *10* Days *19*
 9. Birthplace... *Odessa Mo*

Immediate cause of death... *Cerebral embolism*
 Due to... *Shock*
 Due to... *Heart & Cardiac disease*

10. Usual occupation...
 11. Industry or business... *House wife*
 12. Name... *Frank Campbell*
 13. Birthplace... *Odessa Mo*
 14. Maiden name... *Matthie Tucker*
 15. Birthplace... *Odessa Mo*

Other conditions...
 Major findings: Of operations... *94a*
 Of autopsy...

16. (a) Informant... *Elmer Webb*
 (b) Address... *Oak Grove Mo*
 17. (a) (b) Date thereof...
 (c) Place: burial or cremation... *Pleasant Hill Mo*
 18. (a) Signature of funeral director... *Mrs. J. B. Webb*
 (b) Address... *Oak Grove Mo*
 19. (a) *June 27-42* (b) *Mrs. W. F. Baker*

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?
 23. Signature... *B. Schaefer* (M. D. or other) *0*
 Address... *Odessa Mo* Date signed *6/27/42*

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-2-42

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 R B Webb

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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, fact should be so stated above.