

SEP 9 1942
Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 130

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

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fitzgibbon Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 45 yrs. years, months or days)

3. (a) PRINT FULL NAME HAMPTON H. WEBB

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race col. 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 Unknown
(Month) (Day) (Year)

8. AGE: Years About 15 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Marion Ala
(City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business _____

MOTHER FATHER { 12. Name Alex Webb
13. Birthplace Ala
(City, town, or county) (State or foreign country)
14. Maiden name Princess
15. Birthplace Ala
(City, town, or county) (State or foreign country)

16. (a) Informant Prop. C. C. Hubbard
(b) Address Sedalia Mo.

17. (a) Burial (b) Date thereof 8-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshall Mo

18. (a) Signature of funeral director F. D. FERGUSON
(b) Address MARSHALL Mo.

19. (a) Aug 7-1942 (b) M. T. O. Webster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 175 W Union
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6 year 42 hour _____ minute _____ P. M.

21. I hereby certify that I attended the deceased from July 16 1942 to Aug 6 1942
that I last saw him alive on Aug 6 1942 and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis Duration 4

Due to _____

Due to _____

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

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? _____

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

23. Signature [Signature] (M. D. or other) _____
Address [Address] Date 8/7/42

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 9-7-42

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 F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Marshall

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.