

No. 2
1-4-41
-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33152

FILED OCT 19 1942

State File No. _____

Registration District No. 32

Primary Registration District No. 5111

Registrar's No. 13

1. PLACE OF DEATH

(a) County Bollinger

(b) City or town ~~Patton~~ PATTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Home Liberty Hosp
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days)

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. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jeney Webb

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31
year 1942 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug 28 to Aug 30 1942
that I last saw him alive on Aug 30 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased June 3 1942
(Month) (Day) (Year)

Immediate cause of death Robert Pneumonia Duration 2 days

8. AGE: Years Months Days If less than one day

Years	Months	Days	If less than one day
	<u>2</u>	<u>28</u>	hr. min.

Due to Arteriosclerosis, 8 mo

Due to _____

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

10. Usual occupation _____

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

Major findings of operations 108

Of autopsy no

11. Industry or business _____

12. Name Luther Webb

13. Birthplace Patton, MO
(City, town, or county) (State or foreign country)

14. Maiden name Ethel Rhodes

15. Birthplace Marble Hill, Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Ethel Webb

(b) Address Marble Hill, Missouri

17. (a) Burial (b) Date thereof Sept 2, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Valley

18. (a) Signature of funeral director John E. D...

(b) Address Luttrell

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) (a) Means of injury _____

19. (a) Sept 8, 1942 (b) Miss Jeney Webb
(Date received local registrar) (Registrar's signature)

23. Signature J.P. Webb (M. D. _____)

Address Patton, MO Date signed 9-24-42

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

900

1063

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1042-12

Date Filed 10-17-42

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 Glenn 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, fact should be so stated above.