

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

33683

FILED NOV 7 1942

State File No.

Registration District No. 114

Primary Registration District No. 4186

Registrar's No. 27

1. PLACE OF DEATH: Franklin
(a) County Sullivan
(b) City or town Missouri
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John M. Webb
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Barbara Ann Webb
6. (c) Age of husband or wife if alive years 1872
7. Birth date of deceased February 12, 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 19
If less than one day hr. min.

9. Birthplace Franklin Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired.

11. Industry or business

MOTHER FATHER { 12. Name William Webb
13. Birthplace Missouri
14. Maiden name Nancy Shookman
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Webb
(b) Address Sullivan, Missouri.

17. (a) Burial (b) Date thereof Nov. 3, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sullivan, (Rur 2)

18. (a) Signature of funeral director Thos. P. Shookman
(b) Address Sullivan, Missouri.

19. (a) 11-3-42 (b) William Shookman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 36
(a) State Missouri (b) County Franklin 9
(c) City or town Sullivan 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) 0
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2
year 1 hour 15 minute A. M.

21. I hereby certify that I attended the deceased from Oct 25, 1942, to Nov 2, 1942;
that I last saw him alive on 10-30-1942
and that death occurred on the date and hour stated above.

Immediate cause of death fracture left hip
Due to fall in home
Duration 8 days

Due to fall in home

Due to 1866

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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) accident O.B.K.

(b) Date of occurrence 10-26-42

(c) Where did injury occur? Sullivan Franklin Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

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

23. Signature Ed. Prater (M. D. or other)

Address Sullivan, Mo. Date signed 11-2-42

DEC 9 1942

NOV 11 1942

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.....

Edgar W. Taylor

Licensed Embalmer No. *3394*

P. O. Address *Sullivan, 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, above space should be left blank.