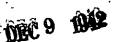
	<u>.</u>	
S. No. 2 11-10-39	DEPARTMENT OF COMMERCE MISSOURI STATE E BUREAU OF THE CENSUS  FILE NOV 1942 STANDARD CERTIL	FICATE OF DEATH  State File No
17-39 1 X21492	Registration District No. 114 Primary Registration Dist	trict No. 4/86 Registrar's No. 27
36	1. PLACE OF DEATH: Franklin	
A CO A	(b) City or town Sullivan, Missouri.	(a) State Missouri (b) County Pranklin
(C) (S)	(If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution:	(c) City or town Sullivan
	(If not in hospital or institution, write street number or location)	(If outside city or town limits, write "RURAL")
PERMANENT	(d) Length of stay: In hospital or institution.  In this community. Life. (Specify whether	(d) Street No
RM/	years, months or days)	(e) If foreign born, how long in U. S. A.? years.
	8. (a) PRINT John M. Webb	MEDICAL CERTIFICATION  20. DATE OF DEATH, Month NOV. day. 2
E A	8. (c) Social Security name war. None No. None	year 1 hour 15 minute A . M.
-MAKE	A 5 Color or	21. I hereby certify that I attended the deceased from  Och 24 - 1947, to Non 2 147.
	4. Ser Male U race White & divorced Widowed	that I last saw han alive on 10 - 30 - 1942
INK	6. (c) Name of husband or wife	and that death occurred on the date and hour stated above.  Duration
UNFADING BLÁCK	7. Birth date of deceased February 12, 1872 (Month) (Day) (Year)	Fracture left hip 8 days
. BE	8. AGE: Years Months Days If less than one day	Due to fall in home
SING	70 8 19 hrmin.	A 4
FAD	9. Birthplace Franklin Co. Missouri	Due to
	(City, town, or county) (State or foreign country)  10. Usual occupation Retired.	Other conditions
USE.	11. Industry or business	(Include pregnancy within 3 months of death)  PHYSICIAN
	{ 12. Name : William Webb	Major findings: Of operations Mone Underline
RITE PLAINLY	13. Birthplace MISSOUVI	the cause to which death should be
14	E 15. Birthplace Missouri,	charged sta- tistically.
ITE	(City, town, or county) (State or foreign country)  16. (a) Informant Clarence Webb	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide (specify) accident 0.36
₩	(h) Address Sullivan Missouti.	(b) Date of occurrence 10-26-42- (c) Where did injury occur? Sullivan franklin his
•	17. (a) Burial (b) Date thereof NOV . 3, 42 (Burial, cremetion, or removal) (Month) (Day) (Year)	(d) Did injury occur in or about home, on farm, in industrial place?
• •	(c) Place: burial or cremation Sull ivan. (Rura)  18. (a) Signature of funeral director.	at home (Specify type of place)
	(b) Address Sullivan Migsouri.	While at world house (a) Means of injury (1)
• ·	19. (a) (Dute roceived local registrar) (b) (Registrar's signature)	23. Signature Lilli Calla (M. D. or other).  Address Sill livan Date signed 1/2-42
	// CLicensed Embalmer's Sta	



MONT (1962)

## STATEMENT BY LICENSED EMBALMER - 4

I hereby certify that the body whose name is recorded on th	e reverse side of this cert	ificate was embalmed by	y me, or by
		Designation Assumenties	No
		Registered Apprentice	140

working under my personal supervision.

Signed Old Old Signed Embalmer No. 23394

P.O. Address Jullway.

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.