

APR 30 1943

Registration District No. 196

Primary Registration District No. 5716

Registrar's No. 4

1. PLACE OF DEATH:

(a) County McDonald

(b) City or town Hoel Rural Elk River  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County McDonald

(c) City or town Hoel (Rural)  
(If outside city or town limits, write "RURAL")

(d) Street No. R 2 Elk River Twp  
(If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Clyde Webb

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 19  
year 1943 hour 3 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Dec, 1942, to Mar 19, 1943  
that I last saw him alive on Mar 18, 1943  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Dora Webb 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased: Aug - 25 - 1883  
(Month) (Day) (Year)

Immediate cause of death Valvular Heart

Due to Renal Calculi

Due to Acute Pleurisy with effusion

8. AGE: Years 59 Months 6 Days 24  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 124a

Of autopsy \_\_\_\_\_

10. Usual occupation Farmer

11. Industry or business Own Farm

12. Name Armas Webb

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

14. Maiden name Martha Rhodes

15. Birthplace Iowa  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Dora Webb

(b) Address Hoel Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 21-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Anderson Mo

18. (a) Signature of funeral director E. R. Greath

(b) Address Des Moines Ark

19. (a) Mar 21-43 (Date received local registrar) (b) Mrs M George (Registrar's signature)

23. Signature H. L. Learning (M. D. or other) \_\_\_\_\_

Address Hoel Mo Date signed 3-21-43

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

FILED 1000

RECEIVED

District Health Officer No. 6,

District File Number 443.463

Date Filed 4/27-43

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 E.R. Bryant

Licensed Embalmer No. 437

P. O. Address Granville Ark.

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.