

FILED JUN 14 1943  
Registration District No. 256

Primary Registration District No. 2001

Registrar's No. 310

1. PLACE OF DEATH: Jasper Newton  
 (a) County Jasper  
 (b) City or town Joplin  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 43rd and Pearl 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: Newton 73  
 (a) State Missouri (b) County Jasper  
 (c) City or town Joplin 2  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 43rd and Pearl 5  
 (If rural, give location)  
 (e) Citizen of foreign country? ( ) (Yes or No)  
 If yes, name country ( )

3. (a) PRINT FULL NAME Wanda Lee Webb.  
 3. (b) If veteran, name war          3. (c) Social Security No.         

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 31st  
 year 1943 hour 2 minute 45 P. M.

4. Sex Fe / 5. Color or race W 6. (a) Single, widowed, married, divorced -----  
 6. (b) Name of husband or wife          6. (c) Age of husband or wife if          years

21. I hereby certify that I attended the deceased from May 30, 1943 to May 31, 1943  
 that I last saw her alive on May 31, 1943  
 and that death occurred on the date and hour stated above.

7. Birth date of deceased June 27th 1941  
 (Month) (Day) (Year)  
 8. AGE: Years Months Days If less than one day  
I II 6          hr.          min.

Immediate cause of death Enterocolitis  
 Due to Eating Peanuts

9. Birthplace Joplin Missouri.  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation None

Other conditions           
 (Include pregnancy within 3 months of death)  
 Major findings:           
 Of operations           
 Of autopsy         

MOTHER FATHER  
 11. Industry or business           
 12. Name Ancil Webb.  
 13. Birthplace Fayetteville Ark.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Stella Tate  
 15. Birthplace Wallagu Okla  
 (City, town, or county) (State or foreign country)

PHYSICIAN           
 Underline the cause to which death should be charged statistically.  
119a

16. (a) Informant Ancil Webb  
 (b) Address 43rd and Pearl Joplin Mo.  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2-43  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation Fairview cemetery.  
 18. (a) Signature of funeral director Hurlbut Und. Co.  
 (b) Address Joplin Mo.  
 19. (a) 8-3-43 (Date received local registrar) (b) Gertrude Sudholter (Registrar's signature)

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 W. H. Loveland (M. D. or other)           
 Address Joplin Mo Date signed 6/3/43

1221

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

733  
52

Date Received JUN 7 1943

File No. 643-109

JUN 10 1943

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: *Joseph H. Hurlbut*

Licensed Embalmer No. *959*

P. O. Address: *Spencer Mass*

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.