

No. 2
1-2-43
5-17-35
1 X35587

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31374**

FILED OCT 9 1943

Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **295**

1. PLACE OF DEATH:

(a) County **Cape Girardeau**
(b) City or town **Cape Girardeau**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St Francis Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 weeks** (Specify whether
In this community **8 years** (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **IRENE AMANDA WEBB**

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **William E. Webb** 6. (c) Age of husband or wife if alive **43** years
7. Birth date of deceased **July 25th 1901**
(Month) (Day) (Year)

8. AGE: Years **42** Months **1** Days **27** If less than one day
..... hr. min.

9. Birthplace **Bardwell Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER
12. Name **J. D. Grady**
13. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)
14. Maiden name **Ellen Green**
15. Birthplace **Arlington Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **M. E. Webb**
(b) Address **Cape Girardeau Mo**

17. (a) **Burial** (b) Date thereof **Sept 24 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bardwell Ky**

18. (a) Signature of funeral director **W. H. Phelps**
(b) Address **Cape Girardeau Mo**

19. (a) **9-24-43** (b) **W. H. Phelps**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cape Girardeau**
(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? **No** (Yes or No)
If yes, name country **-**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **23**
year **1943** hour **9** minute **40** P.M.
21. I hereby certify that I attended the deceased from **Sept 1**
1943 to **Sept 22** 19**43**
that I last saw him alive on **Sept 22** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertension + uremia**
Duration

Due to **nephritis chr. myocarditis**

Due to **?**

Other conditions **Pericardial effusion**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **131**
Of autopsy

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)

(b) Date of occurrence

(c) Where did injury occur?

(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 **Carl W. Zimmerman** (M. D. or other) **131**
Address **Cape Girardeau Mo** Date signed **9-24-43**

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

16
1
4

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 1043-2807
Date Filed 10-6-83

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 Raymond Steele

Licensed Embalmer No. 2476

P. O. Address Cooper Girardeau

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.