DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 13 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33942

Registration District No. 292 Primary Registration District No. 6000 Registrar's No.

1. PLACE OF DEATH:
(a) County Ralls
(b) City or town Center, R F D
(If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED: 81
(a) State Mo (b) County Ralls
(c) City or town Center Mo R F D 2
(If outside city or town limits, write "RURAL")
(d) Street No. Jasper Township
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Daniel Boone Webb
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Annie Webb
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased December (Month) 9 (Day) 1873 (Year)
8. AGE: Years 69 Months 11 Days 19 If less than one day hr. min.
9. Birthplace Ralls County Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation Barber-Farmer
11. Industry or business Own business
FATHER 12. Name Daniel A Webb
13. Birthplace Ralls Co Mo (City, town, or county) 0 (State or foreign country)
MOTHER 14. Maiden name Sarah Jackson
15. Birthplace Pike Co Mo (City, town, or county) (State or foreign country) 0
16. (a) Informant's own signature Mrs Jake Jackson
(b) Address Center, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 30 43 (Month) (Day) (Year)
(c) Place: burial or cremation Hayes Creek Cemetery
18. (a) Signature of funeral director Enders Mortuary
(b) Address Center Mo
19. (a) Nov. 30-1943 (Date received local registrar) (b) Mrs. Earl Perkinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 28 day year 1943 hour 8 minute 35a M.
21. I hereby certify that I attended the deceased from Nov. 26, 1943, to Nov. 28, 1943 that I last saw h im alive on Nov. 27 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina Pectoris	1½ days
Due to Unknown	
Due to Unknown	
Other conditions None (Include pregnancy within 3 months of death)	

PHYSICIAN — Underline the cause to which death should be charged statistically

Major findings:
Of operations None
Of autopsy None

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

23. Signature C H Brooks (M. D. or other) MD
Address Center, Mo Date signed Nov 29 1943

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 10
District File Number 12-43-1914
Date Filed DEC 1 1 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 Geo R Kuhn

Licensed Embalmer No. 3356

P. O. Address.....

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.