

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 27 1944
Registration District No. _____

Primary Registration District No. 5143

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Butler
(b) City or town rural - Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 mi. West on Hoxie Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town rural - Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. 3 mi. West on Hoxie Road
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country _____

3. (a) PRINT

FULL NAME Joseph Goodman 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 Eliza Webb

6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased November 10, 1846
(Month) (Day) (Year)

8. AGE: Years 97 Months 2 Days 19
If less than one day hr. _____ min. _____

9. Birthplace Texas County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

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

14. Maiden name II 9

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

16. (a) Informant Mrs. Allie Spencer

(b) Address Broseley, Missouri

17. (a) Burial (b) Date thereof 5-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Black Creek Cemetery

18. (a) Signature of funeral director Greer Croy

(b) Address Poplar Bluff, Missouri

19. (a) 3-8-44 (b) Belle Turner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 29
year 1944 hour 7:10 minute _____ P.M.

21. I hereby certify that I attended the deceased from Jan 1940 to 4-29 1944
that I last saw him alive on 1-3 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
after stroke

Due to _____
Due to _____
Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____
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) no
(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 Wm. H. ... (M. D. or other) _____
Address Poplar Bluff, Mo. Date signed _____

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

RECEIVED

District Health Office No. 2,

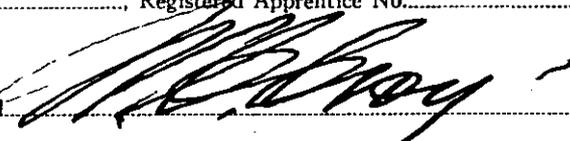
District File Number 344-522

Date Filed 3-22-44

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 

Licensed Embalmer No. 3474

P. O. Address Poplar Bluff, Mo.

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.