

FILED MAY 8 1944

Registration District No. 12

Primary Registration District No. 4153

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County DADE  
 (b) City or town LOCKWOOD  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
LOCKWOOD  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution NONE (Specify whether  
 In this community 70 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County DADE  
 (c) City or town LOCKWOOD  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. LOCKWOOD  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country None

3. (a) PRINT FULL NAME JOHN LEE WEBB  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. No

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month APRIL day 1  
 year 1944 hour 6 minute P. M.

4. Sex MALE 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife LUTA WEBB  
 6. (c) Age of husband or wife if alive 13 years  
 7. Birth date of deceased FEBRUARY 13 1867  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 20 1944 to April 1 1944  
 that I last saw him alive on April 1 1944  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
77 1 18 hr. min.

Immediate cause of death Myocarditis  
 Due to Hypertension  
 Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) 9321

10. Usual occupation FARMER

Major findings: Of operations \_\_\_\_\_

11. Industry or business AGRICULTURE

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

12. Name JIM WEBB

13. Birthplace No RECORD  
 (City, town, or county) (State or foreign country)

14. Maiden name MARGARET YOUNG

15. Birthplace No RECORD  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Luta Webb

(b) Address Lockwood Mo

17. (a) BURIAL (b) Date thereof 4-5-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PENNS BORO, MO

18. (a) Signature of funeral director Harold Funeral Home

(b) Address Shenfeld Mo.

19. (a) Apr 4 1944 (b) Bernice M. Poiser  
 (Date received from doctor) (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 James A. When (M. D. or other) \_\_\_\_\_  
 Address Lockwood Mo Date signed \_\_\_\_\_

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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

9  
0  
0

1083

RECEIVED

District Health Officer No. 6

District File Number 544-529

Date Filed MAY 4 1944

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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 Sam E. Sinsimer Jr

Licensed Embalmer No. 4099

P. O. Address Greenfield 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.