DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 8 1944

Registration District No. 2

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18662

Primary Registration District No. 3043

Registrar's No. 196

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

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Elizabeth Hospital
(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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Marion
(c) City or town: ~~Hannibal~~ Kinnewell
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural ~~Hannibal Mo~~
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No): /
If yes, name country .....

3. (a) PRINT FULL NAME: William D. Webb Jr
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: Divorced
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: May (Month) 10 (Day) 1913 (Year)

8. AGE: Years 30 | Months 10 | Days 20 | If less than one day ..... hr. ..... min.

9. Birthplace: (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Shoe Worker
11. Industry or business .....

MOTHER FATHER
12. Name: William D. Webb Sr
13. Birthplace: (City, town, or county) Mo. (State or foreign country)
14. Maiden name: Rachel Manker
15. Birthplace: (City, town, or county) Ill. (State or foreign country)

16. (a) Informant: Mrs Rachel Webb
(b) Address: Kennewell Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-1-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Olivet Cemetary
18. (a) Signature of funeral director: Jas Donnell
(b) Address: Hannibal Mo.
19. (a) 6-7-44 (Date received local registrar) (b) R W Conner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year (1943) hour 6 minute 00 P. M.
21. I hereby certify that I attended the deceased from 3-30, 1943 to 3-30, 1943 that I last saw him alive on 3-30, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis with block — Duration .....
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Major findings: Of operations .....
Of autopsy .....

94a

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? (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: 0

23. Signature: B. L. Murphy By and (M. D. or other)
Address: Hannibal Mo. Date signed 6-7-44

1146

(Licensed Embalmer's Statement on Reverse Side)

JUL 25

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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.