DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20929

FILED JUN 22 1944

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 2382

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Wheatley Provident Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether)

In this community 25 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3/8

(d) Street No. 1425 Michigan (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William (Will) Webb

3. (b) If veteran, name war no

3. (c) Social Security No. 496-09-7622

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Webb

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased November (Month) - 7 (Day) - 1887 (Year)

8. AGE: Years 56 | Months 6 | Days 24 | If less than one day ___ hr. ___ min.

9. Birthplace Campbell, [illegible] (City, town, or county) Texas (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Carrie Brooks

(b) Address 2429 Harrison, K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director E. Sterling Bills

(b) Address 1212 Vine St., K. C. Mo.

19. (a) 6-3-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1944 hour 3:00 minute P M.

21. I hereby certify that I attended the deceased from 5-31 @ 1 PM ~~to 5~~, 19__, to 5-31 @ 3:00 PM 1944 that I last saw him alive on 5-31, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease

Due to Chronic nephritis

Due to

Other conditions (Include pregnancy within 3 months of death) 131 lb

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)

(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 J. M. Walden (M. D. or other)

Address 1738 Troost Ave. Date signed 6-2-44

(Licensed Embalmer's Statement on Reverse Side)

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. 3108

P. O. Address 1212 Vine St. K

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.