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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 28 1944

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30577

Primary Registration District No. 1000

Registrar's No. 949

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution: 2 weeks (Specify whether years, months or days)
In this community: 12 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No.: 921 North 24th
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: MILDRED MARY WEBB

3. (b) If veteran, name war: none

3. (c) Social Security No. 491-10-1023

4. Sex: female

5. Color or race: white

6. (a) Single, widowed, married, divorced: single

6. (b) Name of husband or wife:

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

7. Birth date of deceased: January (Month) 12 (Day) 1880 (Year)

8. AGE: Years 64 Months 8 Days 8 If less than one day: hr. min.

9. Birthplace: Polk county (City, town, or county) Iowa (State or foreign country)

10. Usual occupation: office manager

11. Industry or business: Rainbo Bakery

FATHER
12. Name: James Webb
13. Birthplace: unknown (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name: May Kempton
15. Birthplace: unknown (City, town, or county) Indiana (State or foreign country)

16. (a) Informant: Mrs. H. N. Stevenson
(b) Address: 1037 Noyes

17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 9/21/44 (Month) (Day) (Year)
(c) Place: Burial or cremation: Des Moines, Iowa

18. (a) Signature of funeral director: Heaton Belote & Bowman
(b) Address: 319 South 10th

19. (a) 9/21/44 (Date received local registrar) (b) Helen J. Fickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 20 year: 1944 hour: 6 minute: 40 A. M.

21. I hereby certify that I attended the deceased from Sept 6, 1944, to Sept 20, 1944, that I last saw him alive on Sept 20, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Embolus

Due to: Surgery for

Due to: Bowel Obstruction

Other conditions (Include pregnancy within 3 months of death): 1272

Major findings:
Of operations: Neoplasm in descending colon
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: O. S. Weed (M. D. or other) DO
Address: 408 Cooley Date signed:

1271 (Licensed Embalmer's Statement on Reverse Side)

Dr. O. G. Weed
Conley Bldg.

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 Frank A Bowman

Licensed Embalmer No. 1710

P. O. Address St Joseph 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.