

FILED FEB 6 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 322

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:  
3119 Forest Avenue  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 30 YEARS  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County JACKSON  
 (c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3119 Forest Avenue  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MAURICE L. WEBB  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month JAN. day 19  
 year 1945 hour 1 minute 40 P. M.

4. Sex MALE 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced WIDOWED  
 6. (b) Name of husband or wife MRS. LILLIE BELLE WEBB  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Oct. 19, 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
72 3 0 hr. min.

Immediate cause of death Coronary occlusion

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

Due to arterio-sclerosis  
 Due to 94%

10. Usual occupation RETIRED - 2 YEARS

Other conditions (Include pregnancy within 3 months of death)  
 Major findings: History of angina

11. Industry or business OWNER - AID PRINTING SHOP

Of operations \_\_\_\_\_  
 Of autopsy no  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER  
 12. Name JOHN V. WEBB  
 13. Birthplace KENTUCKY  
(City, town, or county) (State or foreign country)  
 14. Maiden name LUCY WEBB  
 15. Birthplace KENTUCKY  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maude J. Webb  
 (b) Address 3119 Forest Avenue

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

17. (a) BURIAL (b) Date thereof JAN. 22 - 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(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)

(c) Place: burial or cremation WAYERLY, MISSOURI

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director C. H. Newman's Sons  
 (b) Address 1401 S. Wash. Creek Blvd  
 19. (a) 1-20-45 (b) F. E. Brown (193)  
(Date received local registrar) (Registrar's signature)

23. Signature James Walker (M. D. or other) 3. Brown  
 Address 1824 Poplar St Date signed 1-22-45

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

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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..... *H. C. Newcomer Jr* .....

Licensed Embalmer No..... *4043* .....

P. O. Address..... *R. C. 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.**