

FILED APR 23 1945

Registration District No. **749**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**

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

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

(d) Length of stay: In hospital or institution **12 hours**
(Specify whether years, months or days)

In this community **20 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Hann City**
(If outside city or town limits, write "RURAL")

(d) Street No. **3028 Holmes**
(If rural, give location)

(e) Citizen of foreign country? **1** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **John E Webb**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **495-05-6004**

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **2 divorced**

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

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

7. Birth date of deceased **Jan 22, 1898**
(Month) (Day) (Year)

8. AGE: Years **47** Months **2** Days **19**
If less than one day hr. min.

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

10. Usual occupation **Phillips Prot Co**

11. Industry or business **Oil & Gas**

12. Name **Ellis Webb**

13. Birthplace **Okla**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Schmetz**

15. Birthplace **Okla**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Mae Ramsey**

(b) Address **334 N. 8th, KC 10**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **4/12/45**
(Month) (Day) (Year)

(c) Place: burial or cremation **Unita Okla**

18. (a) Signature of funeral director **Snow Mayberry**

(b) Address **2315 Lexington**

19. (a) **4-14-45** (Date received local registrar) (b) **Geraldine Holmes** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **11** year **1945** hour **10⁰⁰** minute **00** M.

21. I hereby certify that I attended the deceased from **Corwin**, 19____, to _____, 19____;

that I last saw him **alive on** _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death **Shovel Trauma**

Due to _____

Due to _____

Other conditions **2100a**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **yes as above**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Don't Know**

(b) Date of occurrence **4-10-45**

(c) Where did injury occur? **717 E. 30th St. Jackson mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **public place**
(Specify type of place)

While at work? **Don't Know** (e) Means of injury **Don't Know**

23. Signature **Jimmie Walker** (M. D. or other) **Corwin**

Address **1424 Jefferson Blvd** Date signed **4-12-45**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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.....

Ray E Snow

Licensed Embalmer No. *2560*

P. O. Address *2315 Linwood*

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.