

FILED APR 21 1945

Registration District No. 225

Primary Registration District No. 1000

Registrar's No. 406

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

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:  
In the Fleeman Ambulance between  
2713 Lafayette & the Mo. Methodist Hosp.  
(If not in hospital or institution, write street number, location)  
(d) Length of stay In hospital or institution  
(Specify whether  
In this community life, 37 yrs. 2 mos. 15 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan,  
(c) City or town Saint Joseph,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2713 Lafayette Street,  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Benjamin Merwin Webster

3. (b) If veteran, name war none  
3. (c) Social Security No. 491-09-7393

4. Sex male (5. Color or race white)  
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Cecelia Webster  
6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased January 2 23 1908  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>2</u>	<u>15</u>	hr. _____ min.

9. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation clerk Storage Dep't.

11. Industry or business Light & Power Co.

12. Name Benjamin A. Webster

13. Birthplace Gower Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Leora Smith

15. Birthplace Stewartville Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Benjamin A. Webster

(b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof 4/10/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of general director Healer, P. H. ...

(b) Address 319 So. 10th Street Home

19. (a) 4/9/45 (b)  Helen J. Tucker  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th.  
year 1945 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 4-8, 1945,  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour, stated above.

Immediate cause of death suicide by fire arrows

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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) suicide

(b) Date of occurrence 4-8-45

(c) Where did injury occur? Home St. Joseph, Buchanan Co., Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

While at work? No. (Specify type of place) (e) Means of injury  pistol

23. Signature B. W. Tadlock (M. D. or other)

Address Kings Hill, Mo. Date signed 4/8/45

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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.....

*Thomas J. Conway*

Licensed Embalmer No. \_\_\_\_\_

1710

P. O. Address \_\_\_\_\_

*St. Joseph*

**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.**