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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20549

Registration District No. 148 Primary Registration District No. 5570 Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Buckner Fort Hanna Ho
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution x (Specify whether
In this community all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 44

(a) State Missouri (b) County Jackson

(c) City or town Buckner x
(If outside city or town limits, write "RURAL")

(d) Street No. in town
(If rural, give location)

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

If yes, name country x

3. (a) PRINT FULL NAME OLIVER PRESTON WEBB

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male

5. Color or race wh

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

6. (b) Name of husband or wife Dora B. Webb

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased March (Month) 31 (Day) 1862 (Year)

8. AGE:

Years	Months	Days	If less than one day
83	1	25	hr. min.

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

10. Usual occupation retired farmer

11. Industry or business farming- crops etc

FATHER
12. Name Huston Webb
13. Birthplace Jackson Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Miss Mary Elizabeth Baxter
15. Birthplace Jackson Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Dora Webb.
(b) Address Buckner Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 28/45 (Month) (Day) (Year)
(c) Place: burial or cremation Buckner Hill Cemetery

18. (a) Signature of funeral director V. M. Reppert
(b) Address Buckner Mo.

19. (a) May 26 1945 (Date received local registrar) (b) V. M. Reppert (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 5 day 26
year 1945 hour 3 minute P M.

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

	Duration
Immediate cause of death Coronary occlusion	
Due to Arterio sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 940

Of autopsy no
History & Inspection

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 3

23. Signature [signature] (M. D. or other) Corona
Address 1424 [illegible] Date signed 5-26-45

1161 (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~~ Personally, ~~Registered Apprentice No.~~, ~~working under my personal supervision~~.

Signed V. M. Rippert

Licensed Embalmer No. 2321

P. O. Address Buckner 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.