S. No. 2
M—5-42
v. 5-17-39
I X32273

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 23 1945

State File No. 33946

Registration District No. 146 | Primary Registration District No. 3026 | Registrar's No. 244

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: 1211 No. Osage St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 85 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town: Independence (If outside city or town limits, write "RURAL")

(d) Street No.: 1211 N. Osage (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: Hugo H Webbink

3. (b) If veteran, name war .....

3. (c) Social Security No. 490-09-0091

4. Sex: Male

5. Color or race: White

6. (a) ~~Single, widowed~~, married, divorced: Married

6. (b) Name of ~~husband~~ or wife: Florence Webbink

6. (c) Age of husband or wife if alive: 55 years

7. Birth date of deceased: April 19 (Month) (Day) 1890 (Year)

8. AGE: Years 55 | Months 4 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace: St Charles County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Chief Clerk

11. Industry or business: Gas Service Co Independence Mo

FATHER
12. Name: Fritz H Webbink
13. Birthplace: St Charles County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Elvina Schweissguth
15. Birthplace: Warren County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs Florence Webbink
(b) Address: 1211 N Osage St Independence Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 6 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn Cem Mo

18. (a) Signature of funeral director: M E Mitchell
(b) Address: 3 W N Main St Independence Mo

19. (a) 9-6-45 (Date received local registrar) (b) James E Rose (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3rd year 1945 hour 6:00 minute P M.

21. I hereby certify that I attended the deceased from August 7th, 1944, to Sept 3, 1945 that I last saw him alive on Aug, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Embolus	2-5 Min
Due to: Organic Heart Disease Mitral Stenosis & insufficiency	?
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): None

(b) Date of occurrence: None

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)

While at work? None (e) Means of injury: None

23. Signature: George Thomas Thomas (M. D. or other)

Address: Independence Mo Date signed: 9/4/45

1163 (Licensed Embalmer's Statement on Reverse Side)

NOV 28 1945

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 me, Registered Apprentice No. , working under my personal supervision.

Signed Henry L. Mitchell

Licensed Embalmer No. 3925

P. O. Address Independence 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.