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X36871

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

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 186

1. PLACE OF DEATH:  
(a) County Nodaway  
(b) City or town Marysville  
(c) Name of hospital or institution: Marion Handgater Hospital  
(d) Length of stay: In hospital or institution 4 wks  
In this community 57 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Nodaway  
(c) City or town Maryville Mo  
(d) Street No. 2  
(e) Citizen of foreign country? 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Pearl E. Webb  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. 500-07-6383

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 13<sup>th</sup> year 1945 hour 7 minute 30 P. M.  
21. I hereby certify that I attended the deceased from Dec 13 to Dec 13, 1945, that I last saw him alive on Dec 13, 1945, and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M  
7. Birth date of deceased July 10 1888  
(Month) (Day) (Year)

Immediate cause of death Shock Duration 8 hrs

8. AGE: Years 57 Months 5 Days 3 If less than one day hr. min.

Due to Fract. of 2-3-7-5 lumbar vertebrae  
Fractured Left Ribs  
Due to Fract. 7th & 11th Left Ribs

9. Birthplace Burlington Jr Missouri  
10. Usual occupation Attendant of Oak Hill Cemetery

Other conditions \_\_\_\_\_  
Major findings: Of operations no operations

MOTHER FATHER  
12. Name John Webb  
13. Birthplace Harrison County Mo  
14. Maiden name Allice Alliger  
15. Birthplace Taylor County Ga

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Dora Webb  
(b) Address Maryville Missouri  
17. (a) Burial (b) Date thereof 12-17-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:  
(a) Accidents, suicide, or homicide (specify) accident  
(b) Date of occurrence Dec. 13 1945 - 10:40 AM  
(c) Where did injury occur? Highway Maryville Mo  
(City, or town) (County) (State)

(c) Place: burial or cremation Oak Hill Maryville Mo  
18. (a) Signature of funeral director Campbell Finckel Horn  
(b) Address Maryville Missouri  
19. (a) 12 26 45 (b) Kess Hall  
(Date received local registrar) (Registrar's signature)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Public Highway  
While at work? no (e) Means of injury Truck  
23. Signature W. H. Handgater (M. D. or other) Do.  
Address Maryville Mo Date signed 12-18-45

Autopsy and inquest by L. E. Dean M.D.  
Coroner of Nodaway County Missouri.

MAR 4 1946

MAR 18 1946

RECEIVED

District Health Officer No. 11,

District File Number

Date Filed

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

*William Campbell*

Licensed Embalmer No. *2620*

P. O. Address *Maryville 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.

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

*Jan 186*

Registration District No. *251*

Primary Registration District No. *3048*

Registrar's No.

1. PLACE OF DEATH:

(a) County *Madaway*  
(b) City or town *Marionville*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME

*Pearl E. Webb*

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. \_\_\_\_\_

4. Sex *M* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *M*

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased *July 10* (Month) (Day) (Year)

8. AGE: Years *57* Months *3* Days *12* If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) *MO*

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (Burial, cremation, or removal) (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (Date received local registrar) (b) \_\_\_\_\_ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ Day \_\_\_\_\_ year *1945* hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 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 \_\_\_\_\_

Duration

Due to *Druck - Pedestrian exclusion on Statute # 71*

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

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy *17021*

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

(a) Accident, suicide, or homicide (specify) *Druck - pedestrian*  
(b) Date of occurrence *Jan 10, 1945*  
(c) Where did injury occur? *Marionville Madaway MO* (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature *W.H. Sandfath* (M. D. or other) *MD*  
Address *Marionville MO* Date signed *1-16-46*

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SUPPLEMENTARY

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN Underline the cause to which death should be charged statistically.

42014