

S. No. 2
BM-2-43
7-5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1860

State File No.

513

FILED FEB 21 1946

Registration District No.

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3743 College, Kansas City, Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether
 In this community 1 Month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 3743 College
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Rutherford Ulyses WEBBER

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Elizabeth Webber 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Feb. 14, 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>11</u>	<u>16</u>	hr. min.

9. Birthplace Laplata Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farming

12. Name Addison G. Webber

13. Birthplace Unknown Penn.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Attaberry
(City, town, or county) (State or foreign country)

15. Birthplace Unknown Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ben Gregory

(b) Address 3743 College, K.C. Mo.

17. (a) Removal (b) Date thereof 2-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LaPlata, Mo.

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address 1800 Linwood Blvd. K.C. Mo.

19. (a) 1-31-46 (b) Essaldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Jan. day 30 th
 year 1946 hour 11 minute 00 A. M.

21. I hereby certify that I attended the deceased from Jan 28
 1946 to Jan 30 1946
 that I last saw him alive on Jan 28 1946
 and that death occurred on the date and hour stated above.

Impressed cause of death fractured hip
fracture. Inspection
 Due to fractured hip

Due to traumatic osteomyelitis

Other conditions 5
(Include pregnancy within 3 months of death)

Major findings:
 Of operations 1810-5
28
 Of autopsy _____

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) Accident

(b) Date of occurrence 1-1-46 124

(c) Where did injury occur? Richville Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Pourant Hotel
 While at work? yes (Specify name of place) (e) Means of injury fall

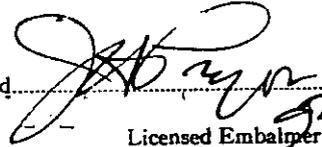
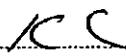
23. Signature [Signature] (M. D. or other)
 Address 1018 Prof. Bldg Date signed 1/31-46

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

MOTHER FATHER

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 .....
Licensed Embalmer No. .....
P. O. Address .....

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.