

S. No. 2
M-5-43
5-17-39
b I X36671

FILED MAR 4 2 1946
Registration District No. 4

Primary Registration District No. 1002

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

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: 1243 Pennsylvania
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution 11 years (Specify whether years, months or days)

In this community 11 years

3. (a) PRINT FULL NAME FRED V. WEBSTER

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race W

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

6. (b) Name of husband or wife Carrie May

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

7. Birth date of deceased: April - 9 - 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>10</u>	<u>1</u>	hr. min.

9. Birthplace Bunker Hill Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Self

12. Name Lewis Webster

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

14. Maiden name Collins

15. Birthplace W. Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ayla Alsip

(b) Address 1243 Pennsylvania

17. (a) Removal (b) Date thereof 2-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Winchester, La.

18. (a) Signature of funeral director Mr. C. R. Foster

(b) Address 918 Broadway

19. (a) 2-12-46 (b) Ewaldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town 1243 Pennsylvania
(If outside city or town limits, write "RURAL")

(d) Street No. K.C. Mo.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10
year 1946 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Feb 10
4:30 P.M. 1946
that I last saw h. alive on Feb 10 1946
and that death occurred on the day and hour stated above.

Immediate cause of death Stroke Duration _____

Due to _____

Due to _____

Other conditions 108
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

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) _____

(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? _____

While at work? no (Specify type of place) _____

(e) Means of injury D.O.

23. Signature Dr. J. H. Ferguson
(Name or other)

Address 601 S. Church St. 2/10/46

4920

Hubert H. Kelly

*vic 4310.
12-5-93*

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 *Wm K Jackson*

Licensed Embalmer No. *3954*

P. O. Address *918 Brooklyn*

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.

KE me