S. No. 2
M—5-43
v. 5-17-39
o I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20576

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2653

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

19440

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:
3121 Jefferson Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 2 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3121 Jefferson Street 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME GEORGE C. WEBSTER

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

4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Mrs. Rosalia Webster
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased February (Month) 12th (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
83	4	~~1~~ 3	hr. min.

9. Birthplace (City, town, or county) Iowa / (State or foreign country)
10. Usual occupation At Home
11. Industry or business

FATHER
12. Name Aaron Webster
13. Birthplace (City, town, or county) Michigan / (State or foreign country)

MOTHER
14. Maiden name Octavia Wright
15. Birthplace (City, town, or county) Kentucky / (State or foreign country)

16. (a) Informant R. S. Webster
(b) Address 3121 Jefferson Street
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6 - 15 - 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Blanchard, Iowa
18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd Street, Kansas City Mo.
19. (a) 6-15-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from May 26, 1946, 1946 to June 15, 1946.
that I last saw him alive on June 13, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum.

Due to Heart failure

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 46 d

Of autopsy

Duration

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 21

23. Signature Dr Sidney B. Davis (M. D. or other) D.O.
Address 804 W 33rd St Date signed June 15, 1946

(Licensed Embalmer's Statement on Reverse Side)

804 W# 33 after 3:00 P.M.

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 [signature]

Licensed Embalmer No. 2939

P. O. Address K. O. 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.