. No. 2
I—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 16 1946

State File No. 35702

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8596

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer. G. Phillips. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community (16) Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Lee

(c) City or town Marianna Rual
(If outside city or town limits, write "RURAL") R.R.

(d) Street No. Route 3 Box 139.
(If rural, give location)

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

If yes, name country U.S.A.

3. (a) PRINT FULL NAME Elmorse ~~Elmorse~~ Webb.

3. (b) If veteran, name war World 2

3. (c) Social Security No. 430-48-4988

4. Sex Male

5. Color or race Col.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 17th (Day) 1917 (Year)

8. AGE: Years 29 Months 4 Days 17 If less than one day hr. min.

9. Birthplace Marianna (City, town, or county) Ark. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Marshall Webb.
13. Birthplace Marianna (City, town, or county) Ark. (State or foreign country)

MOTHER
14. Maiden name Alice. Jones.
15. Birthplace Marianna (City, town, or county) Ark. (State or foreign country)

16. (a) Informant Florence Webb
(b) Address 4635 Leduc. Street

17. (a) Remov.l (Burial, cremation, or removal) (b) Date thereof 10 7/46 (Month) (Day) (Year)
(c) Place: burial or cremation Marianna Ark.

18. (a) Signature of funeral director John F. Hearston
(b) Address 2834 Gamble Street

19. (a) OCT 7 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4 th year 1946 hour 3:25 minute ~~35~~ A.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h. alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death: Dislocation of 5th and 6th Cervical vertebra with cord injury when the driver of a Plymouth coupe going West on Hwy in which the deceased was an occupant lost control of same while trying to avoid a stalled automobile and left the highway and

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations: Went into a ditch on Highway #61 between Sikeston and Cape Girardeau Mo around 3:30 A.M. Sept 16 1946

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 Sept 16, 1946
(c) Where did injury occur? Sikeston Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? No (e) Means of injury Railroad

23. Signature Alfred Perry (M. D. or other)
Address Date signed 10/7/46

(Licensed Embalmer's Statement on Reverse Side)

25

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 James A. Shuser

Licensed Embalmer No. 3322

P. O. Address 3506 Franklin

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.