

FILED JAN 9 1947
Registration District No. **176**

Primary Registration District No. **3-65-2**

Registrar's No. **47**

1. PLACE OF DEATH:

(a) County **Lawrence**
(b) City or town **Miller R.R. Greene**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Residence**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
(Specify whether)
In this community **Native**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lawrence**
(c) City or town **Miller R.R. 55**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **4**
year **1946** hour **7** minute **10 A.M.**
21. I hereby certify that I attended the deceased from **Jan 1 1944 to 12-4-46**
that I last saw **him** alive on **11-28-46** and that death occurred on the date and hour stated above.

Immediate cause of death: **Angina Pectoris**
Hypertension
Due to _____
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **A4B**

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? _____ (Specify type of place) _____ (Means of injury) **0**
23. Signature **W. S. Bernay** (M. D. or other) _____
Address **Miller Mo** Date signed _____

3. (a) PRINT FULL NAME

William Virgil Webb

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or race **white**

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

6. (b) Name of husband or wife **Nannie Webb**

6. (c) Age of husband or wife if alive **55 years**

7. Birth date of deceased **2 - 20 - 1884**
(Month) (Day) (Year)

8. AGE: Years **62** Months **9** Days **14**
If less than one day hr. _____ min. _____

9. Birthplace **Lawrence Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

MOTHER FATHER { 11. Industry or business _____

12. Name **C. W. Webb**

13. Birthplace **Lawrence Co. Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Roberts**

15. Birthplace **Lawrence Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Nannie Webb**

(b) Address **Miller Mo. R.R.**

17. (a) **Burial** (b) Date thereof **12-6-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Webb Cemetery**

18. (a) Signature of funeral director **Morris Luman**

(b) Address **Miller Mo.**

19. (a) **12-4-46** (b) **W. S. Bernay**
(Date received local registrar) (Registrar's signature)

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

5005

40014

RECEIVED
District Health Officer No. 6,
District File Number 147-11
Date Filed JAN 6 1947

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 L. B. Lemian

Licensed Embalmer No. 3297

P. O. Address Miller 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.