

FILED JUL 7 1947

State File No. \_\_\_\_\_

Registration District No. 207

Primary Registration District No. 3042

Registrar's No. 250

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
412 North Ninth St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 39 1/2 days (Specify whether  
in this community 39 1/2 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
(c) City or town Hannibal  
(If outside city or town limits, write "RURAL")  
(d) Street No. 412 N. 9th  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELMER CENTENNIAL WEBB

3. (b) If veteran, name war --- 3. (c) Social Security No. 486-16-7076

4. Sex male 2 / 5. Color or race negro  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mrs. Beulah Webb  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 11 1876  
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 12  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Paris Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation retired janitor

11. Industry or business Farmers & Merchants Bank

12. Name Brooks Webb

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

14. Maiden name Margaret Bozier

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

16. (a) Informant Mrs. Beulah Webb

(b) Address 412 N. 9th, Hannibal, Mo.

17. (a) burial (b) Date thereof 6/26/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robinson Cemetery

18. (a) Signature of funeral director W.A. Sephus

(b) Address 810 North Ave Hannibal Mo

19. (a) 6-30-47 (b) Dr. E. M. Swope  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23  
year 1947 hour 5 minute 45 a.m.

21. I hereby certify that I attended the deceased from June 1st  
47 to June 23rd 1947  
that I last saw him alive on June 23rd 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency  
Due to Chronic Hypertension  
Essential Hypertension  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations Essential  
Of autopsy 92 B

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(c) 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? 0

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature W.A. Sephus (M. D. or other) MD  
Address Hannibal Mo Date signed 6/27/47

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

64  
23  
K  
0

JUL 18 1922

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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 W.R. Sephus  
Licensed Embalmer No. 3420  
P. O. Address Hannibal, 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.