

S. No. 2  
I-1/47  
5-17-39

FILED OCT 17 1947  
Registration District No. ....

Primary Registration District No. 3028

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

1. PLACE OF DEATH:

(a) County... Jasper

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

(c) Name of hospital or institution:  
519 Walnut St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 67 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Jasper

(c) City or town... Carthage  
(If outside city or town limits, write "RURAL")

(d) Street No. 519 Walnut  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Hattie Webb

3. (b) If veteran, name war..... 3. (c) Social Security No. ....

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife... James Webb 6. (c) Age of husband or wife if alive... 82 years

7. Birth date of deceased... December 28 1868  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4  
year... 1947 hour... 10:45 minute... a M.

21. I hereby certify that I attended the deceased from Sept 21 1947 to Oct 4 1947  
that I last saw him alive on Oct 3 1947  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>9</u>	<u>6</u>	..... hr. .... min.

Immediate cause of death Cancer of Stomach 6 mo.

Due to.....

Due to.....

Other conditions... none  
(Include pregnancy within 3 months of death)

9. Birthplace... near Independence Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation... at home

11. Industry or business... ---

12. Name... L. B. Jenks

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

14. Maiden name... Kate Montgomery

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

Major findings:  
Of operations... none

Of autopsy... none

PHYSICIAN  
Underline the cause of which death should be charged statistically.

16. (a) Informant... James Webb  
(b) Address... 519 Walnut, Carthage, Mo.

17. (a) burial (b) Date thereof Oct 7, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Park Cemetery

18. (a) Signature of funeral director... Knell Mortuary  
(b) Address... Carthage, Mo.

19. (a) 10-7-47 (b) L. B. Jenks  
(Date received local registrar) (Registrar's signature)

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?..... (Specify type of work)

23. Signature... George H. Wood (M. D. or other) 0  
Address... Carthage Mo. Date signed... Oct 6 '47

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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

*Frank W. Kneel Jr*

Licensed Embalmer No.

*4440*

P. O. Address

*Carthage*

**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.