FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 29 1947

Registration District No. 749

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 38497

Registrar's No. 4807

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

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: 4145 Harrison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 62 Years
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. 4145 Harrison 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ELLA MAE WEBB
3. (b) If veteran, name war no
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife E.B. Webb
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased March (Month) 9 (Day) 1885 (Year)

8. AGE: Years 62 | Months 8 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace Kansas (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Elmer Brown
13. Birthplace Indiana (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Stewart
15. Birthplace Ohio (City, town, or county) (State or foreign country)
16. (a) Informant E Webb
(b) Address 4145 Harrison
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.
18. (a) Signature of funeral director Turk & Tobin
(b) Address 20 W. Linwood
19. (a) 11-17-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~February~~ November day ~~24~~ 15
year 1947 hour 2:00 PM minute ~~A~~ M.

21. I hereby certify that I attended the deceased from February 21 1947 to November 15 1947; that I last saw her alive on November 14 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive Heart Failure	
Due to Hypertensive Heart Disease	
Due to	
Other conditions Bronchial & Cardiac Asthma (Include pregnancy within 3 months of death)	

Major findings:
Of operations 930
Of autopsy

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature Richard L. Lehner (M. D. or other) M.D.
Address 4301 Main, Kansas City, Mo Date signed Nov 15, 1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Francis L. Fisher Registered Apprentice No. 47, working under my personal supervision.

Signed Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City 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.