V. S. No. 2
0M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 24 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

38498

State File No.

Registrar's No. 4629

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: 4207 MONTGALL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 57 yrs.
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. 4207 MONTGALL 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNA WEBBER
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex F
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MORRIS
6. (c) Age of husband or wife if alive years
7. Birth date of deceased APRIL (Month) 30 (Day) 1890 (Year)

8. AGE: Years 57 Months 6 Days 4 If less than one day hr. min.

9. Birthplace KANSAS CITY (City, town, or county) Missouri (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
FATHER
12. Name HENRY WERBY
13. Birthplace (City, town, or county) LITHUANIA (State or foreign country) 8
MOTHER
14. Maiden name LEAH BLUMGARDEN
15. Birthplace (City, town, or county) LITHUANIA (State or foreign country) 8
16. (a) Informant A. JOSEPH WEBBER
(b) Address ST. LOUIS, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation ROSE HILL
18. (a) Signature of funeral director J. P. LOUIS
(b) Address 5400 WOODLAND
19. (a) 11-5-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 4
year 1947 hour 11 34 minute P M.
21. I hereby certify that I attended the deceased from Coroner, 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 Coronary Insufficiency
Due to Arterio Sclerosis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: 956
Of operations
Of autopsy no
History & Inspection

Duration

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)
While at work? (e) Means of injury 3
23. Signature James Webber (M. D. ~~or other~~) Coroner
Address 1424 [illegible] Date signed 11-5-47

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.....

..... Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.