S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16617

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 148

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 32 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3 Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 416 Blue Ridge Blvd. 0
(If rural, give location) 1
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. CORA WEBB
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex female 1
5. Color or race white
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife John T. Webb (deceased)
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 1, 1865 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	10	10	hr. min.

9. Birthplace Pittsburg, Penna. 1
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Unknown 9
13. Birthplace " 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown 9
15. Birthplace " 1
(City, town, or county) (State or foreign country)
16. (a) Informant Mr. John Thomas
(b) Address 3733 Highland, Kansas City, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/13/48 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills Cemetery
18. (a) Signature of funeral director George C. Carson
(b) Address Independence, Mo.
19. (a) 5-14-48 (Date received local registrar) (b) James Keay (Registrar's signature) 2511

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1948 hour 5:00 minute P M.
21. I hereby certify that I attended the deceased from May 10, 1948, to May 11 1948
that I last saw her alive on May 11, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	40 hrs.
Due to Coronary sclerosis	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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)
While at work? — (e) Means of injury —
23. Signature L J Dlahal MD (M. D. or other)
Address 1210 [illegible] ave, Indep. Mo Date signed 5/14/48

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 Tom D. Markland, Registered Apprentice No. 40 working under my personal supervision.

Signed Charles F. Taylor

Licensed Embalmer No. 4534.

P. O. Address Independence 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.