

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1567

| | | | | | | | |
|---|----------------------------|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (In this place) <u>15 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | 3. <u>3</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>General Hospital No. 1</u> | | | | d. STREET ADDRESS (If rural, give location) <u>714 E. 8 St.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> | | b. (Middle) <u>T.</u> | | c. (Last) <u>Webb</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>4 6 1949</u> | |
| 5. SEX <u>Ma</u> | 6. COLOR OR RACE <u>Wh</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Sept. 25, 1876</u> | | 9. AGE (In years last birthday) <u>72</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Teamster</u> | | 11. BIRTHPLACE (State or foreign country) <u>Carthage, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>James Webb</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Lydia Hammond</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Exia Webb, K.C.Mo.</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>496-20-4116</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Exia Webb, 714 E. 8th, K.C.Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema and congestion</u> ANTECEDENT CAUSES DUE TO (b) <u>Cardiac hypertrophy and dilatation</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Coronary arteriosclerosis and hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1. Fracture right hip</u> <u>2. Septicemia with septic infarcts.</u> | | | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>kidneys</u> | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) <u>Kansas City, Missouri</u> (COUNTY) _____ (STATE) _____ | | 21f. HOW DID INJURY OCCUR? <u>Fall</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 26 1949 Pm.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21g. <u>193</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Feb. 26</u> , 19 <u>49</u> , to <u>April 6</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>April 6</u> , 19 <u>49</u> , and that death occurred at <u>10:20 Pm.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Wm. W. Hart</u> (Degree or title) <u>MD</u> | | | | 23b. ADDRESS <u>Med. Dir. Gen'l Hosp.</u> | | 23c. DATE SIGNED <u>4-7-49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4-8-49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>4-8-49</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Wagner K.C. Mo.</u> | | | |

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

Dr. Williams

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed *Eugene L. Kemmer*

Signed.....
Student Embalmer

Licensed Embalmer No. 4633

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.