

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16210
2209

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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| 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 town) <u>KANSAS CITY</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> | |
| c. LENGTH OF STAY (In this place) <u>39 YEARS</u> | | d. STREET ADDRESS (If rural, give location) <u>3332 WEST COLEMAN ROAD</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3332 WEST COLEMAN ROAD</u> | | | |

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| 3. NAME OF DECEASED a. (First) <u>MARTHA</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>WEBB</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 18 - 1949</u> |
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| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>AUG-21-1908</u> | 9. AGE (In years last birthday) <u>40</u> If UNDER 1 YEAR Months Days If UNDER 2 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u> | 11. BIRTHPLACE (State or foreign country) <u>RAY COUNTY, MISSOURI</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>THOMAS CHASE</u> | 13b. MOTHER'S MAIDEN NAME <u>SALLIE KENTON</u> | 14. NAME OF HUSBAND OR WIFE <u>WILLIAM T. WEBB</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS. F. R. SEWARD</u> ADDRESS <u>3332 WEST COLEMAN ROAD KANSAS CITY, MO.</u> |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Collapse of rt. Lung</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>None</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 5-4, 1949, to 5-18, 1949, that I last saw the deceased alive on 5-18, 1949, and that death occurred at 5:10 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>HARRY L. JONES</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>1102 Gr. Ave Kansas City, Mo.</u> | 23c. DATE SIGNED <u>5-17-49</u> |
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| 24a. BURIAL CREMATION (REMOVAL) (Specify) <u>BURIAL</u> | 24b. DATE <u>5-20-49</u> | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) <u>HARDIN, MISSOURI</u> |
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| DATE REC'D BY LOCAL REG. <u>5-20-49</u> | REGISTRAR'S SIGNATURE <u>Staldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u> ADDRESS <u>1331 BRUSH CREEK DR. KANSAS CITY, MO.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

Original

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.

Student
Student Embalmer

Signed *Robert Ray*

Licensed Embalmer No. *4182*

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.