

FILED MAR 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8887

878

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		b. COUNTY JACKSON	
c. LENGTH OF STAY (in this place) 3 days 25 hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2		d. STREET ADDRESS (If rural, give location) 626 North Spring Street	

3. NAME OF DECEASED a. (First) ANNA			b. (Middle) Belle			c. (Last) WEBB			4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 23 1951		
5. SEX FEMALE			6. COLOR OR RACE NEGRO			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED			8. DATE OF BIRTH SEPTEMBER 29 1883		
9. AGE (In years last birthday) 67			IF UNDER 1 YEAR Months Days			IF UNDER 2 HRS. Hours Mins.			12. CITIZEN OF WHAT COUNTRY? U. S.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME						10b. KIND OF BUSINESS OR INDUSTRY					
11. BIRTHPLACE (State or foreign country) BOONEVILLE, MISSOURI						12. CITIZEN OF WHAT COUNTRY? U. S.					

13a. FATHER'S NAME GEORGE SMITH			13b. MOTHER'S MAIDEN NAME CECIL SCOTT			14. NAME OF HUSBAND OR WIFE Widowed		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. W-123456789			17. INFORMANT'S SIGNATURE OR NAME MRS. MARIE CORBREY		
						ADDRESS 1217 Armstrong; K.C.K.		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) UREMIA (MILD)						HO	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE WITH CARDIAC INSUFFICIENCY, NEPHROSCLEROSIS (BENIGN)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY CONGESTION & EDEMA							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 2-20, 1951, to 2-23, 1951, that I last saw the deceased alive on 2-23, 1951, and that death occurred at 10:55P m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis MD (Degree or title)		23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 2-26-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb 27, 1951		24c. NAME OF CEMETERY OR CREMATORY Deep Water		24d. LOCATION (City, town, or county) (State) Black Water Mo	
DATE REC'D BY LOCAL REG. 2-26-51		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE C. E. Davis		ADDRESS 1415 Truman Rd. KCMO	

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *C. E. Davis*

Signed.....
Student Embalmer ..

Licensed Embalmer No. 4417

P. O. Address R. C., Md.

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.