

FILED JUN 12 1951

STANDARD CERTIFICATE OF DEATH

State File No. 17373

BIRTH NO. REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 4328 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY Mississippi			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mississippi		
b. CITY (If outside corporate limits, write RURAL and give township) Bertrand		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) Bertrand Mo		0670
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, Bertrand, Mo			d. STREET ADDRESS (If rural, give location) Bertrand, Mo		

3. NAME OF DECEASED (Type or Print)		a. (First) James	b. (Middle) H.	c. (Last) Webb	4. DATE OF DEATH (Month) (Day) (Year) May, 14, 1951		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH January, 22, 1888	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Carpenter		11. BIRTHPLACE (State or foreign country) Merom, Indiana		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Jonathan Webb		13b. MOTHER'S MAIDEN NAME Alice Pinkston		14. NAME OF HUSBAND OR WIFE Dora J. Webb	
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. 486-16-6873		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dora J Webb Bertrand, Mo	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>				INTERVAL BETWEEN ONSET AND DEATH 2 mo.	
		ANTECEDENT CAUSES Morbid 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.					

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) /		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 <u>May 12</u> , 1951, to <u>May 14</u> , 1951, that I last saw the deceased alive on <u>May 14</u> , 1951, and that death occurred at <u>1:30 P.M.</u> <u>May 14</u> , 1951, from the causes and on the date stated above.							

23a. SIGNATURE <u>William J. Arqueson M.D.</u>			23b. ADDRESS <u>St. Reston, Mo.</u>		23c. DATE SIGNED 5/15/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/16/51	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo	
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DATE REC'D BY LOCAL REG. June 2, 1951		REGISTRAR'S SIGNATURE <u>Mrs. Let. Hilgore</u>		439		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Funeral Home</u> Nunnlee Funeral Chapel, Charleston, Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2670

JUN 8 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. \_\_\_\_\_

Date Filed JUN 8 1951

**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.....  
Student Embalmer

Signed Edward E. Nunnelee

Licensed Embalmer No. 4164

P. O. Address Charleston, W. Va.

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.