

FILED FEB 2 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1558**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 345

1. PLACE OF DEATH  
a. COUNTY **Jakson**  
b. CITY (If outside corporate limits, write RURAL and give town or township) **Kansas City**  
c. LENGTH OF STAY (In this place) **5 1/2 yrs.**  
d. FULL NAME OF HOSPITAL OR INSTITUTION **Menorah Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **MO.** b. **Jackson**  
c. CITY (If outside corporate limits, write RURAL and give township) **Kansas City**  
d. STREET ADDRESS (If rural, give location) **7337 Tracy Avenue**

3. NAME OF DECEASED  
a. (First) **William** b. (Middle) **FRANKLIN** c. (Last) **Webb**

4. DATE OF DEATH (Month) (Day) (Year)  
**JAN. 20. 1952**

5. SEX **M.**

6. COLOR OR RACE **W.**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **aug 5, 1879**

9. AGE (In years last birthday) **72**  
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) **Retired - 11 YEARS**

10b. KIND OF BUSINESS OR INDUSTRY **R.R. Mailman**

11. BIRTHPLACE (State or foreign country) **Aurora Springs Mo.**

12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **WEBB**

13b. MOTHER'S MAIDEN NAME **Jane Alkinson**

14. NAME OF HUSBAND OR WIFE **Mary G. Webb**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. **500-22-5372**

17. INFORMANT'S SIGNATURE OR NAME **Mrs. Mary G. Webb** ADDRESS **7337 Tracy K.C. 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) **cor onary thrombosis**  
ANTECEDENT CAUSES **coronary sclerosis with thrombosis**  
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.

INTERVAL BETWEEN ONSET AND DEATH  
**1944**  
**4201**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from **Aug. 14, 1944**, to **Jan. 20, 1952**, that I last saw the deceased alive on **Jan. 19, 1952** and that death occurred at **2:10 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE **George C. Lee M.D.** (Degree or title)

23b. ADDRESS **1103 Grand Ave.**

23c. DATE SIGNED **1-21-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial**

24b. DATE **1-22-52**

24c. NAME OF CEMETERY OR CREMATORY **Mt. Moriah**

24d. LOCATION (City, town, or county) (State) **Kansas City, Mo.**

DATE REC'D BY LOCAL REG. **1-22-52** REGISTRAR'S SIGNATURE **Seraldine Holmes**

25. FUNERAL DIRECTOR'S SIGNATURE **D. W. Newcomer's Sons** ADDRESS **1331 Brush Creek**

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.....

*John R. Sidman*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4531

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.