

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. LENGTH OF STAY (in this place) 80 yrs.	c. CITY OR TOWN Carthage
d. FULL NAME OF HOSPITAL OR INSTITUTION 1011 Fulton Street		STREET ADDRESS (If rural, give location) 1011 Fulton Street	

3. NAME OF DECEASED (Type or Print) MALVINA	a. (First)	b. (Middle) WEBB	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Nov. 28 1955
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5. SEX Female	6. COLOR OR RACE Negroe	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 12, 1866	9. AGE (in years last birthday) 89	IF UNDER 1 YEAR Months 8 Days 16	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Cateress	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Mount Vernon, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Isaac Louis	13b. MOTHER'S MAIDEN NAME Marnerva Smith	14. NAME OF HUSBAND OR WIFE Ganville Webb
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Fannie Irwin, 1011 Fulton, Carthage	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 9 days Several years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolus		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis and DUE TO (c) Senility -		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 332x			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 3-11, 1939, to Nov 28, 1955, that I last saw the deceased alive on Nov 22, 1955, and that death occurred at 6:05 P. m., from the causes and on the date stated above.

23a. SIGNATURE Russell Smith	(Degree or title) M. D.	23b. ADDRESS Carthage, Missouri	23c. DATE SIGNED 12-1-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 3, 1955	24c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Missouri
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DATE REC'D BY LOCAL REG. 12-3-55	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 8 1955
Jasper County Health Office
County File Number 8-119-846
Date Filed DEC 8 1955

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.....
Signature of Student Embalmer

Signed..... Robert H. Kneel

Licensed Embalmer No. 445

P. O. Address... Carthage

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.