

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED JAN 8 1948

Registration District No. 336 Primary Registration District No. 6131 Registrar's No.

1. PLACE OF DEATH:

(a) County Shannon

(b) City or town Teresita, Mo. (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 60 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shannon / 01

(c) City or town (Rural) Teresita
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME James Price Webb

3. (b) If veteran, name war no

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura N. Webb

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March 7 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84 4 18 _____ hr. _____ min.

9. Birthplace Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER

12. Name James Webb

13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Sally Bolin

15. Birthplace Kent.
(City, town, or county) (State or foreign country)

16. (a) Informant Eldon Webb

(b) Address Mountain view, Mo.

17. (a) Burial (b) Date thereof 7-27-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove Cemetery

18. (a) Signature of funeral director Duncan Funeral Home

(b) Address Mountain view, Mo.

19. (a) 12-18-47 (b) Mobile Pallen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1947 hour 10 minute 8 A.M.

21. I hereby certify that I attended the deceased from April 1
1947 to July 25 1947
that I last saw him alive on July 20 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of bladder Duration 3 yrs.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 52B

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. L. Davis (M. D. or other) _____
Address Burch Tree Mo Date signed 12/18-47

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

01
00

RECEIVED

Officer No. 5,

1-7-8-17

1-7-48

MAR 2 1948

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Joe E Duncan

Licensed Embalmer No. 4325

P. O. Address Mt View, 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.