DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

40723

State File No.

DEC 18 1939

Registration District No. 73

Primary Registration District No. 6018A

Registrar's No. 172

1. PLACE OF DEATH:

(a) County St. Francis St Francois Twp

(b) City or town near Farmington Rural St Francois Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural St. Francois Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether years, months or days)

In this community Life time

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo 1 (b) County St Francois

(c) City or town Rural. St Francois Twp
(If outside city or town limits, write "RURAL")

(d) Street No. St Francois Twp
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ~~85~~ years.

3. (a) PRINT FULL NAME JOHN JORDON WESTOVER. 231

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race W

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

6. (b) Name of husband or wife Martha Virginia Westover

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Nov 23, 1855 (Month) (Day) (Year)

8. AGE: Years 83 | Months 11 | Days 15 | If less than one day ___ hr. ___ min.

9. Birthplace Missouri St Francois County 0
(City, town, or county) ~~(State or foreign country)~~

10. Usual occupation Farmer 0

11. Industry or business -- 0

FATHER
12. Name Lorenze Westover
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Hauk
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Laura Westover
(b) Address Farmington Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 10-39 (Month) (Day) (Year)
(c) Place: burial or cremation Burial at Farmington Park View Cem

18. (a) Signature of funeral director RICHARDSON FUNERAL [illegible]
(b) Address Farmington Mo.

19. (a) Nov 9-39 (Date received local registrar) (b) B. J. Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 8 year 1939 hour 5 minute a M.

21. I hereby certify that I attended the deceased from June 6, 1939, to Nov 8, 1939; that I last saw him alive on Nov 7, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis Chronic Arteriosclerosis	
Due to Chronic Interstitial Nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R Oldsbury (M. D. or other)
Address Farmington Mo Date signed 7/9/39

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Chas Richardson

Licensed Embalmer No. 3167

P. O. Address Farmington Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.