

FEB 17 1940

Registration District No. **629**

Primary Registration District No. **5831**

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County Nodaway
 (b) City or town Ravenwood (Rural Jackson Twp)
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days 231

3. (a) PRINT FULL NAME MARGARET HANNAH WESTFALL
3. (b) If veteran, _____ **3. (c) Social Security** _____
name war No.

4. Sex F **5. Color or** W **6. (a) Single, widowed, married,** _____
race W divorced widowed
6. (b) Name of husband or wife, _____ **6. (c) Age of husband or wife if** _____
Jacob E. Westfall alive _____ years
7. Birth date of deceased. Oct 1, 1848
(Month) (Day) (Year)

8. AGE: Years 91 Months 3 Days 25 If less than one day _____
hr min.

9. Birthplace Butler County Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Ned Babb
13. Birthplace Wales British Isles
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Chidlow
15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. Rhodes

(b) Address Ravenwood Mo

17. (a) Burial _____ **(b) Date thereof** Jan 29, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant City Mo.

18. (a) Signature of funeral director John W. Price

(b) Address Maryville Mo. 560

19. (b) Jan. 26, 1940 **(b) Grace Buholtz**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Nodaway
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 3 miles west of Ravenwood.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
 year 1940 hour 11 minute 30 a.m.

21. I hereby certify that I attended the deceased from Sept 9, 1939
 _____ 1939 to Jan 25 _____, 1940
 that I last saw her alive on Jan 25 _____, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Myxo Carcinoma **Duration** _____

Due to Influenza

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? _____

While at work? _____ (Specify type of place)
(a) Means of injury 2

23. Signature R. G. Yantzen (M. D. or other) D.O.
Address Ravenwood Mo **Date signed** 1-26-40

RECEIVED

District Health Officer No. 11,

District File Number 240-125

Date Filed FEB 13 1940

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

John W. Price

Licensed Embalmer No. 3229

P. O. Address *Maryville 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, above space should be left blank.