

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

39123  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Linn 3 Registration District No. 496  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3025  
 (c) City Brookfield (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

Flora M Westfall  
 (a) Residence, No. Rothville Mo 0 St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13-1869  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 71 7 12

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25, 1940  
 22. I HEREBY CERTIFY, that I attended deceased from 11-23, 1940, to 11-25, 1940  
 I last saw her alive on 11-25, 1940. Death is said to have occurred on the date stated above, at 8:35 a.m.  
 The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Intestinal Obstruction  
(ending her whole life)  
 Date of onset 4 da

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hancock Co, Ill

Other contributory causes of importance: 177

FATHER 13. NAME Byron Ford HAM

Hypertension 13 yrs. ago  
Adhesions from same

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y. State

Name of operation Exploratory Date of 11-23-40  
 What test confirmed diagnosis? Op Was there an autopsy? no

MOTHER 15. MAIDEN NAME Algeline McElvain

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? 0 Date of injury 0, 1940  
 Where did injury occur? 0 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

Manner of injury 0  
 Nature of injury 0

17. INFORMANT (ADDRESS) Mrs Arthur Wilson  
Rothville Mo

24. Was disease or injury in any way related to occupation of deceased? 0  
 If so, specify 0

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookfield DATE 11-25 40

(Signed) John Murray M. D.  
 (Address) Brookfield, Mo.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) S. L. Shepard  
Memphis Mo

20. FILED Nov 27 40 Flora M Westfall  
Local Registrar.

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

Licensed Embalmer No.

P. O. Address

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.