

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.

Registration District No. 625 Primary Registration District No. 3031

**1. PLACE OF DEATH:**

(a) County Nodaway  
 (b) City or town Marvill  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Francis Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 hours.  
 In this community 4 1/2 years. (Specify whether years, months or days) 1

3. (a) PRINT FULL NAME George Henry Westfall  
 3. (b) If veteran, name war X  
 3. (c) Social Security No. X

4. Sex Male  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mrs. Lucy Westfall  
 6. (c) Age of husband or wife if alive 67 years  
 7. Birth date of deceased Jan 18, 1870  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>10</u>	<u>26</u>	hr. min.

9. Birthplace Ohio (City, town, or county) (State or foreign country)  
 10. Usual occupation clerk  
 11. Industry Business Office, Grocery

MOTHER FATHER

12. Name Zachariah Westfall  
 13. Birthplace West Virginia (City, town, or county) (State or foreign country)  
 14. Maiden name Conelia McClain  
 15. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Lucy Westfall  
 (b) Address Marvill Mo.  
 17. (a) (Burial, cremation, or removal) (b) Date thereof 12 17 1940 (Month) (Day) (Year)  
 (c) Place: burial or cremation Oak Hill, Marvill  
 18. (a) Signature of funeral director Wm. E. Clardy  
 (b) Address Marvill, Mo.  
 19. (a) 12-19-40 (Date received local registrar) (b) Mamie E. Clardy (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Nodaway  
 (c) City or town Marvill (If outside city or town limits, write "RURAL")  
 (d) Street No. 401 E. 6th. St. (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. 14 day 1940  
 year 1940 hour 5:00 minute P. M.  
 21. I hereby certify that I attended the deceased from 11/20  
1940 to Dec 14, 1940  
 that I last saw him alive on Dec 14, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary atherosclerosis  
 Due to Coronary atherosclerosis  
 Due to 46  
 Other conditions (Include pregnancy within 3 months of death) 46  
 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) (e) Means of injury \_\_\_\_\_  
 23. Signature B. E. Clardy (M. D. certifier)  
 Address Marvill, Mo. Date signed 2/17/40

**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. 1675  
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.**