

FILED JUN 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17779
Registrar's No. 26

Registration District No. 309

Primary Registration District No. 4185

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

1. PLACE OF DEATH:
(a) County Gentry
(b) City or town Albany
(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 3 years years, months or days

3. (a) PRINT FULL NAME Cyril Nathaniel Westfall

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fulu Mobley 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Jan. 27 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>4</u>	<u>0</u>	hr. _____ min.

9. Birthplace Louisa Co. Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob E. Westfall

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

14. Maiden name Margaret Bebb

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

16. (a) Informant Mr. C. N. Westfall

(b) Address Albany Mo

17. (a) Burial (b) Date thereof 5/28/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview

18. (a) Signature of funeral director W. H. ...

(b) Address Albany Mo

19. (a) May 31, 1941 (b) Dr. W. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gentry 38
(c) City or town _____ (If outside city or town limits, write "RURAL") 10
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1941 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from April 24 to May 27, 1941, to May 26, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis & coronary arteriosclerosis

Due to _____
Due to 12/10

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

Duration _____
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? 281

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

23. Signature W. H. ... (M. D. or other) 0

Address Albany Mo Date signed _____

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... Carlisle Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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.