

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

29564  
Do not use this space.

**FILED SEP 11 1941**

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 834  
 (b) Township Gate Primary Registration District No. 4505  
 (c) City Advance, Mo. (d) Street No. \_\_\_\_\_ St.  
 (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 REBECCA JANE WESTBROOK

(a) Residence, No. Advance, Mo. [Redacted] St. \_\_\_\_\_  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James A. Westbrook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28, 1876

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>64</u>	<u>7</u>	<u>13</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredricksburg, Missouri

13. NAME Samuel Unpled

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Fredricksburg, Missouri

15. MAIDEN NAME Permelia Brendle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Verdeennes, Indiana

17. INFORMANT (ADDRESS) James A. Westbrook, Advance, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Boale Cemetery DATE Aug 12, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Flaherty S. Morgan, Advance, Mo.

20. FILED 8-13 1941 D. S. McKee Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 11, 1941

22. I HEREBY CERTIFY, That I attended deceased from 1939, 19\_\_\_\_, to Aug 11, 1941

I last saw her alive on Aug 11, 1941. Death is said to have occurred on the date stated above, at 11:55 am.

The principal cause of death and related causes of importance were as follows:

Cancer and other malignant tumors of digestive tract and of peritoneum

Date of onset \_\_\_\_\_

Other contributory causes of importance: H6 m

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) E. P. Masters M. D.  
 (Address) Advance, Mo.

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

STATE OF MISSISSIPPI  
DEPARTMENT OF HEALTH  
DIVISION OF PUBLIC HEALTH

RECEIVED

District Health Office No. 2

District File Number  
Date Filed

RECEIVED

RECEIVED

District Health Office No. 2

District File Number 941-125  
Date Filed 9/9/41

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,

*Lloyd S. Morgan*

or by

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

Signed

*Lloyd S. Morgan*

Licensed Embalmer No. 3281

P. O. Address *Advance, 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.