

S. No. 2
4-13-41
1-17-41

42274

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

BUREAU OF THE CENSUS
FILED JAN 20 1942

Registration District No. 427

Primary Registration District No. 4253

Registrar's No. 48

51
1
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH?

(a) County Johnson
(b) City or town Holden, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
not confined
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community one year
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Holden, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME

Martin Henry Westerfeld

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month 12 day 13
year 1941 hour 5 a.m. minute _____ M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Heart failure
Baron's jury verdict
Due to _____
Due to _____

7. Birth date of deceased February 27 1887
(Month) (Day) (Year)

8. AGE: Years 54 Months 3 Days 16 If less than one day _____ hr. _____ min.

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

9. Birthplace Frankton, Illinois
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy no
Underline the cause to which death should be charged statistically.

10. Usual occupation Druggist

11. Industry or business Drug store operator

12. Name Henry Westerfeld Sr.

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

14. Maiden name Paula Hoffman

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

16. (a) Informant Otto H. Westerfeld
(b) Address 6043 64th St, R.O. Mo.

17. (a) Central Ill. News (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

18. (a) Signature of funeral director M. J. Canaday
(b) Address Holden, Missouri

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? _____

19. (a) See 14 (b) Mrs. Frank Morris
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 9
Edward J. Druza (M. D. or other)
Johnson Date signed 12-13-41

RECEIVED
District Health Officer No. 8,

File No. 1-16-42

1-15-8-MO
SEX I

U.S. DEPARTMENT OF HEALTH
BUREAU OF HEALTH SERVICES

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.....

M. J. Canaday

....., Registered Apprentice No.....

working under my personal supervision.

Signed *M. J. Canaday*.....

Licensed Embalmer No. *3434*.....

P. O. Address *Holden 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.

No. 2B
21-41
X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42274

Registration District No. 427

Primary Registration District No. 4253

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Holden

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____
(Specify whether In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martin H. Westerfeld

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

4. Sex m 5. Color or race w

6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 27 1885
(Month) (Day) (Year)

8. AGE: Years 54 Months 3 Days 15 min. _____
(If less than one day)

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 3 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to heart failure
coronary thrombosis
as stated by coroner's jury

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

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

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

Signature Edward G. Dress, coroner
Johnson Co Date 2-23-42

SUPPLEMENTARY

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

MOTHER FATHER

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

