DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1942

Registration District No. 29

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5038

State File No. 10099

Registrar's No.

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

1. PLACE OF DEATH:

(a) County: Barry

(b) City or town: ~~Cassville~~ Flat Creek Twp

(If outside city or town limits, write "RURAL" and name of township)

(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: ---------- 1

In this community: Several Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Barry 005

(c) City or town: Cassville

(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: ---------- 0

3. (a) PRINT FULL NAME: Dora Westpheling

3. (b) If veteran, name war: ----------

3. (c) Social Security No.: ----------

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, or divorced: Widowed

6. (b) Name of husband or wife: Francis Westpheling

6. (c) Age of husband if alive: Dec. years

7. Birth date of deceased: Dec. (Month) 10th (Day) 1866 (Year)

8. AGE: Years 75 | Months 0 | Days 23 | If less than one day: hr. min.

9. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: ----------

FATHER

12. Name: Don't Know Baldwin

13. Birthplace: Don't Know (City, town, or county) 0 (State or foreign country)

MOTHER

14. Maiden name: Don't Know

15. Birthplace: Don't Know (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Bessie Hudson

(b) Address: Cassville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 4 42 (Month) (Day) (Year)

(c) Place: burial or cremation: Mineral Springs C.

18. (a) Signature of funeral director: Horine & Culver

(b) Address: Cassville, Missouri

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan. day: 3rd year: 1942 hour: 6 minute: P. M.

21. I hereby certify that I attended the deceased from Dec. 14, 1936, to Nov. 12, 1941, that I last saw her alive on Nov. 12, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	10 yrs.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 13 P 1	
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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: C. E. McDaniel (M. D. or other) D.O.

Address: Cassville, Mo. Date signed: 1/6/42

1077 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 442-581
Date Filed APR 23 1942

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 S. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Passville, Miss.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

V. S. No. 2B
8-21-41
X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10 099

Registration District No. 29 Primary Registration District No. 5038 Registrar's No.

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

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(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 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 Dora Westpheling

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec (Month) 10 (Day) 1866 (Year)

8. AGE: Years 75 Months — Days 23 If less than one day or min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director Horine & Culver
(b) Address Cassville, Mo

19. (a) Mar 6, 1942 (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3 year 1942 hour minute M.

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

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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)
(b) 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

23. Signature (M. D. or other)
Address Date signed