

FILED JUN 3 1942

Registration District No. **8**

Primary Registration District No. **3007**

Registrar's No. **147**

1. PLACE OF DEATH:

(a) County **Butler**
(b) City or town **Caplan Bluff**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Caplan Bluff Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 days** (Specify whether years, months or days)
In this community **5 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bellinger**
(c) City or town **Advance, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **16**
year **1942** hour **12** minute **40 A.** M.

21. I hereby certify that I attended the deceased from **April 11**, 1942, to **April 16**, 1942
that I last saw him alive on **April 16**, 1942
and that death occurred on the date and hour stated above. **12 AM**

Immediate cause of death **Acute Cardiac Dilatation**

Due to **Chronic Myocarditis**

Due to **137A**

Other conditions **Prostatic Hypertrophy**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **Prostatic Hypertrophy gland weighing 135 gms.**
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 **Frank Small** (M. D. or other) **M.D.**
Address **Caplan Bluff, Mo.** Date signed **5/8/42**

3. (a) PRINT FULL NAME **James Alexander Westbrook**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

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

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

7. Birth date of deceased **Aug. 29, 1864**
(Month) (Day) (Year)

8. AGE: Years **77** Months **7** Days **17** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Henry Westbrook**

13. Birthplace **Not Known**
(City, town, or county) (State or foreign country)

14. Maiden name **Not Known**

15. Birthplace **Not Known**
(City, town, or county) (State or foreign country)

16. (a) Informant **Oliver Westbrook**

(b) Address **Advance, Mo.**

17. (a) **Burial** (b) Date thereof **Apr. 17 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Walsh Cemetery Mo**

18. (a) Signature of funeral director **Wayne S. Marger**

(b) Address **Advance, Missouri**

19. (a) **5-8-42** (b) **Belee Small**
(Date received local registrar) (Registrar's signature)

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

12
9
3

MOTHER FATHER

620

RECEIVED

District Health Office No. 2,

District File Number 642-690

Date Filed 6-2-42

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.....

Lloyd S Morgan, Registered Apprentice No.....
working under my personal supervision.

Signed Lloyd S Morgan

Licensed Embalmer No. 330

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, fact should be so stated above.