

S. No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40040

State File No. _____

WILCO DEC 18 1942
Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 4473

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Jackson City
(c) Name of hospital or institution: 1940 East 71st Terrace 1
(d) Length of stay: In hospital or institution 45 yrs
In this community 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(d) Street No. 1940 East 71st Street Terrace
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Emma F. Westerbeck
3. (b) If veteran, name war TW 3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec 2 day -
year 1942 hour 1:30 minute - a M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Herman Westerbeck 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Nov - 18 - 1857

21. I hereby certify that I attended the deceased from Feb 11 1942 to 12-2-42
that I last saw her alive on 12-1-42 and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 0 Days 14 If less than one day hr. min.

Immediate cause of death: Hepatic carcinoma, cardiac hypertrophy, disease, chronic cholecystitis, gall stones
Due to 126
Due to _____

9. Birthplace Quincy Ill 1
10. Usual occupation Housewife
11. Industry or business Home

Other conditions: Simplicity
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER
12. Name Andres Keller
13. Birthplace Germany
14. Maiden name Elizabeth Widge
15. Birthplace Germany

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant C.A. Westerbeck
(b) Address Leis Summit mo
17. (a) Burial (b) Date thereof 12-3-42
(c) Place: burial or cremation Mt Moch - K.C. Mo
18. (a) Signature of funeral director N.B. Langford
(b) Address Leis Summit mo
19. (a) 12-2-42 (b) M. M. Crowe

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
23. Signature W. M. Crowe (M. D. or other)
Address 700 Garfield Bldg Date signed 12-2-42

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

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 W.B. Langford
Licensed Embalmer No. 9833
P. O. Address Leo Summit

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.