

FILED JAN - 6 1943

State File No.

Registration District No. 132

Primary Registration District No. 3021

Registrar's No.

1. PLACE OF DEATH:

(a) County W. RUNDY
(b) City or town PRENTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 15257 Bales St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 67 years
years, months or days

3. (a) PRINT FULL NAME Geo Frederick Westernacher

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

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

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

7. Birth date of deceased Sept 24, 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 2 If less than one day hr. _____ min. _____

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

10. Usual occupation Brick & Stone Mason Builder

11. Industry or business Contracting

12. Name John C. Westernacher

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

14. Maiden name Christiana Helbert

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

16. (a) Informant Anna Westernacher

(b) Address Prenton, Mo

17. (a) burial (b) Date thereof 12-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove Cemetery

18. (a) Signature of funeral director Oliver Zimmerman

(b) Address Prenton, Mo

19. (a) 12-28-42 (b) Nada Hoffman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Prenton
(If outside city or town limits, write "RURAL")
(d) Street No. 1525 Bales St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 year 1942 hour P:00 minute P 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.

Immediate cause of death Patient was dead when I called at his home. Had been examined in a Clinic - 2 yrs ago Duration _____

Due to Coronary Thrombosis 48 hrs.

Due to Arterio Sclerosis 20+ years

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

Major findings: Of operations _____

Of autopsy 94a

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) Means of injury _____

23. Signature E.A. Duffey (M. D. _____)

Address Prenton, Mo Date signed Dec 28/42

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

MOTHER FATHER

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.....

myself

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

working under my personal supervision.

Signed.....

Raymond A. Dennis

.....Licensed Embalmer No. *3424*.....

.....P. O. Address *2 South 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.