

FILED DEC 21 1942
Registration District No. 230

Primary Registration District No. 4373

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

1. PLACE OF DEATH:
 (a) County Nodaway
 (b) City or town Barnard
 (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 32 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Nodaway
 (c) City or town Barnard
 (If outside city or town limits, write "RURAL")
 (d) Street No. No (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country. 0

3. (a) PRINT FULL NAME Edna Belle Westfall

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 2 Widowed
 6. (b) Name of husband or wife Richard 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Mar. 24 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 21 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name Edward J. Baker

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

14. Maiden name Mary Pope

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

16. (a) Informant Mrs. Ruth Hagan
(b) Address Barnard Mo.

17. (a) burial (b) Date thereof 12 17-42
(Month) (Day) (Year)

(c) Place: burial or cremation Wak Hill Cemetery

18. (a) Signature of funeral director Wick Funeral Home
(b) Address on myrtle mo

19. (a) 12-16-42 (b) A. D. Barnard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mont Dec. day 15
year 1942 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 9 1942 to Dec 15 1942
that I last saw her alive on Dec 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Infarctus cerebri Duration 7 days

Due to atherosclerosis 175 84 15 yrs.

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations not made

Of autopsy not had

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) (b) Means of injury

23. Signature Chas D Humbert (M. D. or other) M.D.
Address Barnard, Mo. Date signed 12/16/42

12/12 (Licensed Embalmer's Statement on Reverse Side)

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

DEC 22 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.....

Clara M. Price

Licensed Embalmer No. *1822*

P. O. Address. *Maryville 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.