V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41495

Registration District No. 642260 Primary Registration District No. 5851-5884 Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Rural - Rich Fountain P.O.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 At Home [illegible]
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1 Yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage

(c) City or town Rural
(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 Elizabeth Westbrook

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

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

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife Fred Westbrook

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Sept (Month) 10 (Day) 1904 (Year)

8. AGE: Years 38 Months 3 Days 20 If less than one day ..... hr. ..... min.

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

10. Usual occupation Dress Maker

11. Industry or business .....

FATHER
12. Name John Brandt
13. Birthplace Rich Fountain, Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Piel
15. Birthplace Loose Creek, Mo (City, town, or county) (State or foreign country)

16. (a) Informant E. H. Brandt
(b) Address Rich Fountain, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-43 (Month) (Day) (Year)
(c) Place: burial or cremation Rich Fountain, Mo

18. (a) Signature of funeral director Clyde Morton
(b) Address Linn, Mo

19. (a) Jan - 13-43 (Date received local registrar) (b) Antonia Klebba (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1 year 1943 hour 12 minute 30 P M.

21. I hereby certify that I attended the deceased from March 12, 1942, to Jan 1, 1943, that I last saw her alive on Dec 31, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhage Cancer Uterus	
Due to Cancer Uterus	2 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

48 h

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 .....

23. Signature Jos. L. Buechler (M. D. or other)
Address Freeburg Mo Date signed 1-1-43

(Licensed Embalmer's Statement on Reverse Side)

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 Vernon M. Morton

Licensed Embalmer No. 1125

P. O. Address Lynn

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.