No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN - 8 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

41580

State File No.

Registration District No. 274

Primary Registration District No. 4406

Registrar's No. 420

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Houstonia (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 15 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis 80

(c) City or town Houstonia (If outside city or town limits, write "RURAL") 0

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Sarah Cathrine Westbrook

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced M

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

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

7. Birth date of deceased Feb 4 (Month) 18 (Day) 68 (Year)

8. AGE: Years	Months	Days	If less than one day
74	10	23	hr. min.

9. Birthplace Salem (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation house wife

11. Industry or business

MOTHER FATHER

12. Name W K Smith

13. Birthplace 0 (City, town, or county) 0 (State or foreign country)

14. Maiden name Mary K Kesler

15. Birthplace 0 (City, town, or county) 0 (State or foreign country)

16. (a) Informant Wayne Westbrook

(b) Address Houstonia Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec 30 42 (Month) (Day) (Year)

(c) Place: burial or cremation Houstonia

18. (a) Signature of funeral director Westbrook

(b) Address Houstonia Mo

19. (a) 12-30-42 (Date received local registrar) Mrs Emma Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27

year 1942 hour 10 minute 10 A. M.

21. I hereby certify that I attended the deceased from Dec 25 1942 to Dec 27 1942 that I last saw her alive on December 27 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Thrombosis	two da
Due to Chronic Myocarditis	One yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none

Of autopsy none

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 W. H. Pinegar (M. D.)

Address Houstonia Mo Date signed 12-28-42

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 1-7-43

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 H N Smiley

Licensed Embalmer No. 3987

P. O. Address Houston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.