DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41675

FILED JAN 13 1943
Registration District No. 1892

Primary Registration District No. 4435

Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls,
(b) City or town Perry, Missouri.
(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 (Specify whether
In this community 43 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Ralls, 87
(c) City or town Perry, Missouri. ?
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joe Foree Westfall.

3. (b) If veteran, name war

3. (c) Social Security No. 488-12-6256

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 0 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased August, 28, 1899.
(Month) (Day) (Year)

8. AGE: Years 43 | Months 3 | Days 2 | If less than one day hr. min.

9. Birthplace Monroe County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer.

11. Industry or business Labor.

MOTHER FATHER

12. Name C. T. Westfall.

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

MOTHER

14. Maiden name Minnie Sinclair.

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

16. (a) Informant Wm Kent.

(b) Address Perry, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 1, 1942.
(Month) (Day) (Year)

(c) Place: burial or cremation Link Creek Cemetery.

18. (a) Signature of funeral director Clyde Wiley

(b) Address Perry, Missouri.

19. (a) 12/1/42 (Date received local registrar) (b) Mrs. Earl Parkinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day
year hour minute M.

21. I hereby certify that I ~~attended the deceased from~~ viewed dead body
November - 30, 1942 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 Inquest by jury finding "We the jury find that Joe Westfall came to his death by fire. Cause of fire is unknown." Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

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) 087

(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 H. E. Caldwell 3 Coroner
(M. D. or other)

Address New London Date signed 12/15/42

113 J

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 43-35
Date Filed Jan 11 1943

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 Clyde W. Wilbur

Licensed Embalmer No. 3826

P. O. Address Perry Iowa

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

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

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4675

Registration District No. 292 Primary Registration District No. 4435 Registrar's No.

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

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Ralls
(b) City or town Perry (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 (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Joe Torey Westfall
3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 28 (Day) 189[illegible] (Year)

8. AGE: Years 43 Months 3 Days If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30 year 1942 hour minute 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 Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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

1811
15

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Nov-30-1942
(c) Where did injury occur? Perry (City or town) - Ralls (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Trailer Home of Bill Kent (Specify type of place)
While at work? No (e) Means of injury 3rd degree Barns
23. Signature H. E. Caldwell (M.D. or other) Coroner
Address New London Date signed