

S. No. 2  
 DM-2-43  
 v. 5-17-39  
 I X35627

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

24127

State File No. \_\_\_\_\_

FILED AUG 6 1943 49

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 3183

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital Research Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital 2 hours  
59 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5505 Harrison Street  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country --

3. (a) PRINT FULL NAME Mrs. Elizabeth C. Westermann  
 (b) If veteran, name war No  
 (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month July day 18th.  
1943 year hour minute M.  
 21. I hereby certify that I attended the deceased from 7-18 1943  
 that I last saw her alive on 7-18 1943  
 and that death occurred on the date and hour stated above.

4. Sex Female  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mr. Louis B. Westermann  
 6. (c) Age of husband or wife if alive 64 years  
 7. Birth date of deceased: January 5 1884  
(Month) (Day) (Year)

Immediate cause of death:  
Death by asphyxia due to  
portable Corning stoves.  
 Due to 61  
 Other conditions:  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>6</u>	<u>13</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business --  
 12. Name Henry J. Massman  
 13. Birthplace Corington Kentucky  
(City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Leaf  
 15. Birthplace Alsace Lorraine  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry J. Massman  
 (b) Address 5640 Ward Parkway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21, 1943  
(Month) (Day) (Year)  
 (c) Place: burial or cremation Mt. St. Mary's Cemetery

18. (a) Signature of funeral director A. W. Newcomer, D.D.S.  
 (b) Address 1401 Brush Creek Blvd.

19. (a) 7-20-43 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature J. E. Brown (M. D. or other) \_\_\_\_\_  
 Address 1214 1/2 N. 1st St. Date signed 7/19/43

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

MOTHER FATHER

*Prof. Billy*  
- V-1-8781

MAY 13 1946

**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 *A. C. Newcomer Jr*  
Licensed Embalmer No. *4043*  
P. O. Address *A. C. Newcomer*

**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.**