

FILED SEP 14 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27606

State File No.

Registration District No. 15

Primary Registration District No. 5070

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Barton
Millford Twp.

(b) City or town Millford Twp.
(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 58 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Barton

(c) City or town Lamar R.F.D.
(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 _____

3. (a) PRINT FULL NAME Texie Lener Westbay

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 married

6. (b) Name of husband or wife William Westbay 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Sept 4th, 1874
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|----------|----------------------|
| | <u>68</u> | <u>11</u> | <u>4</u> | hr. _____ min. |

9. Birthplace Howard CO, MO. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name A.J. Magruder

13. Birthplace Howard CO, MO. (City, town, or county) (State or foreign country)

14. Maiden name Mildred Roseberry

15. Birthplace Howard CO, MO. (City, town, or county) (State or foreign country)

16. (a) Informant William Westbay

(b) Address Lamar, MO.

17. (a) Burial (b) Date thereof 8-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Howell Cemetery

18. (a) Signature of funeral director River Funeral Home
Lamar, MO.

(b) Address _____

19. (a) 8/11/43 (b) Martha River
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8th
year 1943 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug 8
1943 to Aug 18 1943
that I last saw her alive on Aug 8 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

Duration

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 C.E. Duerst (M. D. or other) M.D.
Address Lamar, MO. Date signed Aug 9

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

606

1943

RECEIVED

District Health Officer No. 6,

District File Number

943-1030
SEP 11 1943

Date Filed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.