

FILED JAN 11 1948 94  
Registration District No. **2**

Primary Registration District No. **3056**

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

1. PLACE OF DEATH:  
(a) County **Randolph**  
(b) City or town **Moberly**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**932 W. Rollins /**  
(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 **Arthur E. Westvig**  
3. (b) If veteran, name war **World War I** 3. (c) Social Security No. **491-07-0360**

4. Sex **Male** Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Garnett Westvig** 6. (c) Age of husband or wife if alive. years  
7. Birth date of deceased **July 16<sup>th</sup> 1887**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**56 5 5** hr. min.

9. Birthplace **Minn. /**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Manager**

11. Industry or business **J.C. Penny Co.**

12. Name **Jacob John Westvig**

13. Birthplace **Norway /**  
(City, town, or county) (State or foreign country)

14. Maiden name **Annie Williams**

15. Birthplace **Wis /**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Garnett Westvig**

(b) Address **Moberly, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 23<sup>rd</sup> 43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Moberly, Mo.**

18. (a) Signature of funeral director **Mahoney and Son**

(b) Address **Moberly, Mo.**

19. (a) **12-23-43** (b) **Arma Love**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Randolph** **88**  
(c) City or town **Moberly** (If outside city or town limits, write "RURAL") **5**  
(d) Street No. **932 W. Rollins** (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) **1**  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **21<sup>st</sup>**  
year **1943** hour **4** minute **00** A.M.

21. I hereby certify that I attended the deceased from **Dec 1** 19**43** to **Dec 21** 19**43**  
that I last saw him alive on **Dec 21** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** Duration **2 1/2 hrs**

Due to

Due to **arterio sclerosis**

Other conditions (Include pregnancy within 3 months of death) **gpa**

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 **Arma Love** (M. D. or other)

Address **Moberly, Mo.** Date signed **12-23-43**

8 1945

AUG 3 1944

RECEIVED  
District Health Officer No. 10  
District File Number 1-44-61  
Date Filed JAN 10 1944

JAN 3 1944

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.....

*Frank B DeWitt*

Licensed Embalmer No. 3821

P. O. Address.....

*Moberly Mo*

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.