

FILED FEB 10 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

397

## 1. PLACE OF DEATH:

(a) County Jackson  
Kansas City  
(b) City or town  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St Joseph Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 2 Weeks  
years, months or days)

3. (a) PRINT FULL NAME Ernest L. Westerberg

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Berdie Westerberg 6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased Sept. 20 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 4 4 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name John Westerberg  
13. Birthplace Sweden 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Don't Know  
15. Birthplace Sweden 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Berdie Westerberg  
(b) Address Savonburg, Kansas  
17. (a) Removal (b) Date thereof 1-24-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Savonburg, Kansas

18. (a) Signature of funeral director Freeman Mortuary  
(b) Address Kansas City, Missouri  
19. (a) Jan 24, 1944 (b) J. Brown  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Allen 999  
(c) City or town Savonburg, 14  
(If outside city or town limits, write "RURAL") 5  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_ 9.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ day 1-24-44  
year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 21  
1944, to Jan 24 19. 44  
that I last saw him alive on Jan 23 19. 44  
and that death occurred on the date and hour stated above.

Immediate cause of death Lymphatic Leukemia Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_ PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy As above 74a  
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 J. Larson (M. D. or other) \_\_\_\_\_  
Address 1232 Professional Date signed 1/24/44

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**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..... *Elmer C. Medlin*  
.....  
..... Licensed Embalmer No. *3495*  
.....  
..... P.O. Address *19. C. 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.**