. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6437

Registration District No. FILED MAR 14 1944 Primary Registration District No. 3000 Registrar's No. 41

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Grim-Smith Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 45 Minutes (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 105

(a) State Mo. (b) County Sullivan

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. near Green City (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Ray Westfall

3. (b) If veteran, name war no.

3. (c) Social Security No. 497-14-7269

4. Sex Male

5. Color or race w

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

6. (b) Name of husband or wife Ethel

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased 7 (Month) 4 (Day) 1892 (Year)

8. AGE: Years 51 Months 6 Days 27 If less than one day hr. min.

9. Birthplace Linn Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer & Carpenter

11. Industry or business

FATHER
12. Name W. O. Westfall
13. Birthplace — (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Rachel Campbell
15. Birthplace — (City, town, or county) Va. (State or foreign country)

16. (a) Informant Ethel Westfall
(b) Address Green City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Price Cemetery

18. (a) Signature of funeral director Glenn E. Kent & Son
(b) Address Green City, Mo.

19. (a) 2/8/44 (Date received local registrar) (b) Mrs. L. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1st year 1944 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from Feb 1st 1944, to Feb 1st 1944 that I last saw him alive on Feb 1 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage Probably from Gastric Ulcer

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration 24 hrs.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. Bleramblein (M. D. or other)

Address Kirksville Mo. Date signed 2-3-44

1049

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-44-510
Date Filed MAR 8 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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Greenville, Me

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.