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5-17-39
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25097

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 24 1944

Registration District No. 179

Primary Registration District No. 5668

Registrar's No.

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Rural Clark Mo
(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) 1
(d) Length of stay: In hospital or institution:
In this community In this community (Specify whether years, months or days) 49 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln
(c) City or town Rural (If outside city or town limits, write "RURAL") 57
(d) Street No. 0 (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) No
If yes, name country: D

3. (a) PRINT FULL NAME ANNA C. WESTERMAN

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John F Westerman 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased April 7 1864 (Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 33 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

12. Name Fred Windmayer

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Carolina Meier

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Carry Westerman (b) Address Troy Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1, 44 (Month) (Day) (Year)

(c) Place: burial or cremation Troy Cemetery

18. (a) Signature of funeral director W. H. Meier (b) Address Troy Mo.

19. (a) July 8-44 (Date received local registrar) (b) W. H. Meier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1944 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from March 1944 to May 30 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus Duration

Due to
Due to
Other conditions (include pregnancy within 3 months of death) 488

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 John B. Williams (M. D. or other) Address Highway 7, Mo. Date signed 5/31/44

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

7000

1186

(Licensed Embalmer's Statement on Reverse Side)

JUN 13 1952

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 7-21-44

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. 3586

P. O. Address Troy Ms.

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.