

V. S. No. 2  
00M-5-43  
Rev. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12575  
Registrar's No. 1415

FILED APR 17 1945  
Registration District No. 1002

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution:  
3425 BENTON BLVD.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 32 YEARS (years, months or days)

3. (a) PRINT FULL NAME DR EARL H. WESTENHAVER.

3. (b) If veteran, name war NO

3. (c) Social Security No. 1Y0VE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife GRACE V. WESTENHAVER

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased SEPT 4 - 1882  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>6</u>	<u>20</u>	_____ hr. _____ min.

9. Birthplace KEOKUK, COUNTY IOWA  
(City, town, or county) (State or foreign country)

10. Usual occupation DENTIST

11. Industry or business Retired 12 years

12. Name FRANK WESTENHAVER

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

14. Maiden name MARY COFFMAN

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

16. (a) Informant Mrs Grace Westenhaver

(b) Address 3425 Benton

17. (a) Burial (b) Date thereof Mar 28 45  
(Burial, cremation, or removal) (Month) - (Day) (Year)

(c) Place: burial or cremation Not Married

18. (a) Signature of funeral director W. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 3-27-45 (b) D. Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JACKSON

(c) City or town KANSAS CITY MO  
(If outside city or town limits, write "RURAL")

(d) Street No. 3425 BENTON BLVD  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 24TH  
year 1945 hour 9 minute 350 M.

21. I hereby certify that I attended the deceased from June 6, 1938 to March 24, 1945;  
that I last saw him alive on March 22, 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Hypertension & Coronary Sclerosis

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

Other conditions (Include pregnancy within 3 months of death) 94 a

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

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature George C. Dee (M. D. or Other)

Address 1630 Professional Bldg. (Specify type of place)

Date signed 3/26/45 (If Means of Injury)

1638 Professorial Body  
9:3:50

**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

*Charles H. Hocking*

Licensed Embalmer No. *1769*

P.O. Address *R C M*

**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.**