

FILED MAR 28 1947

Registration District No. **274**

Primary Registration District No. **4406**

Registrar's No. **61**

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

1. PLACE OF DEATH:

- (a) County **Cuttis**
(b) City or town **Houstonia**
(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)

- (d) Length of stay: In hospital or institution _____ (Specify whether
In this community **19 yrs.**
years, months or days)

3. (a) PRINT FULL NAME **Thomas Arthur Westbrook**

- 3. (b) If veteran,** **L** **3. (c) Social Security**
name war _____ No. **L**

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

- 6. (b) Name of husband or wife** **Sallie Westbrook** **6. (c) Age of husband or wife if**
alive _____ years

- 7. Birth date of deceased** **July 28 1864**
(Month) (Day) (Year)

- 8. AGE:** Years **82** Months **6** Days **14** If less than one day
hr. _____ min.

- 9. Birthplace** **Houstonia, Mo.**
(City, town, or county) (State or foreign country)

- 10. Usual occupation** **Retired farmer**

- 11. Industry or business**

- 12. Name** **R. V. Westbrook**

- 13. Birthplace** **Cooper Co. Mo.**
(City, town, or county) (State or foreign country)

- 14. Maiden name** **M. B. Bous**

- 15. Birthplace** **Manuel Mo.**
(City, town, or county) (State or foreign country)

- 16. (a) Informant** **Walter Westbrook**

- (b) Address** **Houstonia Mo**

- 17. (a)** **Unrel** **(b) Date thereof** **Feb 13 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation** **Houstonia Mo**

- 18. (a) Signature of funeral director** **Westbrook**

- (b) Address** **Houstonia Mo.**

- 19. (a)** **2-21-47** **(b)** **Betty Yeager**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Mo** (b) County **Cuttis 80**
(c) City or town **Houstonia**
(If outside city or town limits, write "RURAL")

- (d) Street No. _____ (If rural, give location)

- (e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

- 20. DATE OF DEATH:** Month **Feb** day **11**
year **1947** hour **12:00** minute **P.** M.

- 21. I hereby certify that I attended the deceased from** **Aug 1946**
to **Feb 11 1947**

- that I last saw him alive on **Feb 11 1947**

- and that death occurred on the date and hour stated above.

- Immediate cause of death **Coronary Thrombosis** Duration _____

- Due to **Age**

- Due to _____

- Other conditions _____

- (Include pregnancy within 3 months of death)

- Major findings: **94A**

- 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) Manner of injury _____

- 23. Signature** **A. L. Post** **M.D.**

- Feb 13 1947** **Houstonia Mo**

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

3-27-47

MAR 17 1947

MAR 24 1947

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

H. H. Smiley

Licensed Embalmer No.

3987

P. O. Address

Houston, Texas

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.