S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 4 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25101
State File No.

Registration District No. 294 Primary Registration District No. 6010 Registrar's No. 176

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Sugar Creek Twshp
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Sugar Creek Twshp
(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

3. (a) PRINT FULL NAME Gracie A. Westfall
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 13th (Day) 1863 (Year)

8. AGE: Years 84 Months 2 Days 13 If less than one day hr. min.

9. Birthplace (City, town, or county) Pa (State or foreign country)
10. Usual occupation At home
11. Industry or business
MOTHER FATHER
12. Name Stewert McCartney
13. Birthplace (City, town, or county) Pa (State or foreign country)
14. Maiden name Karen Happock
15. Birthplace (City, town, or county) Pa (State or foreign country)
16. (a) Informant Mrs W. P. Burton
(b) Address Moberly, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly, Mo
18. (a) Signature of funeral director Graham and Sons
(b) Address Moberly Mo
19. (a) July 29-47 (Date received local registrar) (b) Lacile Williams Pouo (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1947 hour 11 minute 40 P.M.
21. I hereby certify that I attended the deceased from June 1, 1947, to July 26, 1947; that I last saw her alive on July 25, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Dis — Duration 2 w 3 yrs.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations N.D.
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? —
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? — (Specify type of place) (e) Means of injury — 0

23. Signature C. Smith (M. D.)
Address Moberly Date signed 7/29/47

(Licensed Embalmer's Statement on Reverse Side)

MAY 2 1953

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 Frank D DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.