

No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41436**

FILED JAN 8 1948

Dr. N.K. Pope

2000

Registrar's No. **1118**

Registration District No. **128**

Primary Registration District No.

1. PLACE OF DEATH:

(a) County ~~Greene~~ **Greene**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **1020 West Chase**
(If not in hospital or institution, write street number or location)
(d) Length of stay: **40 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**
(c) City or town **Springfield** **2**
(If outside city or town limits, write "RURAL") **6**
(d) Street No. **1020 West Chase** **0**
(If rural, give location) **No.**
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Harvey Augustus Westfall**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**
6. (b) Name of husband or wife **Mary Mae Westfall** 6. (c) Age of husband or wife if **Died in 1925** years
7. Birth date of deceased **August 16 1873**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	4	13hr.min.

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

10. Usual occupation **Painter & Paper hanger**

11. Industry or business
12. Name **Unknown**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joe Westfall**
(b) Address **2436 N. Broadway, Springfield, Mo.**
17. (a) **Burial** (b) Date thereof **12-27, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Bellview**

18. (a) Signature of funeral director **W.L. Dunn**
(b) Address **Springfield, Mo.**
19. (a) **12-27-47** (b) **N.K. Pope**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **24**
year **1947** hour **10** minute **##** P. M.

21. I hereby certify that I attended the deceased from **10-20** 19**47** to **12-24** 19**47**
that I last saw him alive on **12-23** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of lower lip & tongue**
Due to

Due to **Carcinoma**

Other conditions (include pregnancy within 3 months of death)

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?

(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 **N.K. Pope** (M. D. or other)
Address **Springfield, Mo.** Date signed **12-26-47**

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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 _____

A. J. Mc Cann

Licensed Embalmer No. _____

2727

P. O. Address _____

Springfield 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.