

FILED AUG 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23836

Registration District No. 274

Primary Registration District No. 4406

Registrar's No. 214

1. PLACE OF DEATH:

- (a) County Pettis
(b) City or town Houstonia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution. (Specify whether

In this community. 37 yrs
years, months or days)3. (a) PRINT FULL NAME Rebecca B. Westbrook

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W2

6. (b) Name of husband or wife 6. (c) Age of husband or wife if

7. Birth date of deceased Sept 20 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 10 26 hr. min.

9. Birthplace Shlin Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

12. Name Zacharia F Taylor
13. Birthplace Jamsville Miss
(City, town, or county) (State or foreign country)
14. Maiden name Mary D Clark

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

16. (a) Informant Taylor Westbrook

- (b) Address Houstonia, Missouri

17. (a) buried (b) Date thereof July 17 48
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Houstonia

18. (a) Signature of funeral director McIntosh

- (b) Address Houstonia Mo

19. (a) 7-17-48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

- (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Pettis
(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 July day 16
year 1948 hour minute 5:54 AM

21. I hereby certify that I attended the deceased from

July 1947 to July 15 1948
that I last saw her alive on July 15 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Weakness of heart
Prolonged illness

Due to AgeDue to AgeOther conditions
(Include pregnancy within 3 months of death)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) (a) Means of injury

23. Signature D. L. Clark (M. D. or other) MD

Address Houstonia Mo Date signed July 17 48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-6-48

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

B. Bailey

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.