

1939 SEP 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29076
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 1104
(b) Township _____ Primary Registration District No. 4554 Registered No. 14
(c) City Gerald, Missouri (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Johann # Friedrich Westermann

(a) Residence, No. Gerald, Missouri St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Christina Westermann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 2 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Washington
(STATE OR COUNTRY) Missouri

13. NAME Johann Herrman Westermann

14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

15. MAIDEN NAME Franrisha Charlotte Burgemeier

16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

17. INFORMANT Otto Westermann
(ADDRESS) Gerald, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul Cem. DATE 8-16-1939

19. FUNERAL DIRECTOR (NAME) E. L. Oltmann
(ADDRESS) Gerald, Missouri

20. FILED 8-15-1939 Chas a Schmidt
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1939 to Aug 14, 1939
I last saw him live on Aug 14, 1939 Death is said to have occurred on the date stated above, at 5 p.m.
The principal cause of death and related causes of importance were as follows:

Internal Abdominal injury caused by kick from a wheel

Other contributory causes of importance: 185

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury 8-14, 1939
Where did injury occur? Westermann farm
(Specify city or town, county and State)
Specify whether injury occurred in industry, in home or in public place.
Manner of injury Strike by wheel
Nature of injury Probable bowel perforation

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) G. Matthews M. D.
Garret Mo

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....

E. L. Ottmann

Licensed Embalmer No. 4054

P. O. Address Gerald, Miss

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, above space should be left blank.