

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2126

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3425 Benton Blvd.
(If not in hospital or institution, write street number or location).
(d) Length of stay: In hospital or institution -----
(Specify whether
In this community 20 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(b) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limit, write "RURAL")
(d) Street No. 3425 Benton Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? ----- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd
year 1940 hour 9 minute 50 P. M.
21. I hereby certify that I attended the deceased from May 13, 1940
19 , to May 22, 1940
that I last saw h. er alive on May 20, 1940.
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac failure
Duration 3 weeks

Due to arterio-sclerotic heart disease renal
eyes.

Due to 95%
Other 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) (e) Means of injury -----

23. Signature F H Schaefer (M. D. or other) -----
Address 1406 Bryant Bldg Date signed 5/24/40

3. (a) PRINT FULL NAME Mrs. Mary Catherine Westenhaver

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. Frank A. Westenhaver 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased October 8 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 7 14 hr. min.

9. Birthplace Augusta County Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business -----

12. Name Joseph Coffman

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Judy

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

16. (a) Informant Paul H. Westenhaver

(b) Address 3425 Benton Blvd.

17. (a) Removal (b) Date thereof May 23, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1411 Iowa City, Iowa

18. (a) Signature of funeral director D. H. Newsomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) May 23, 1940 (b) M. M. Crove
(Date received local registrar) (Registrar's signature)

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

12:30-30

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address H.C. No.

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.