

Registration District No. 470

Primary Registration District No. 5633

State File No. \_\_\_\_\_

Registrar's No. 61

1. PLACE OF DEATH: Lawrence, Mo.  
 (a) County Lawrence  
 (b) City or town Lawrence  
 (c) Name of hospital or institution: Mo. State San. 3  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 days  
 In this community 25 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Jackson  
 (c) City or town Kansas City  
 (d) Street No. 400 South Van Buren  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Grace Alice Westman  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June day 2  
 year 1940 hour 3 minute 30 P. M.

4. Sex female 5. Color or race white  
 6. (a) Single, widowed, married, divorced single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from 5-23 1940 to 6-2 1940  
 that I last saw her alive on 6-2-1940 and that death occurred on the date and hour stated above.

7. Birth date of deceased: 11 (Month) 3 (Day) 10 (Year)  
 8. AGE: Years 29 Months 6 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death: tuberculosis meningitis Duration 2 weeks  
 Due to fulminating tuberculosis 10 yrs  
& left pleural effusion 4 mo.  
 Due to \_\_\_\_\_

9. Birthplace: Kansas City Mo (City, town or county) (State or foreign country)  
 10. Usual occupation: stenographer

Other conditions (include pregnancy within 3 months of death) 23  
 Major findings: none  
 Of operations \_\_\_\_\_  
 Of autopsy: none

11. Industry or business: office  
 12. Name: Annie Westman  
 13. Birthplace: Harrison Kansas  
 14. Maiden name: Betha Kull  
 15. Birthplace: Lynn Kansas

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant: Ethel McMichael Record  
 (b) Address: Mo State San. Lawrence  
 17. (a) Removed (b) Date thereof: 6.3.1940  
 (c) Place: Kansas City Mo  
 18. (a) Signature of funeral director: P.A. Holmes  
 (b) Address: Kansas City Mo  
 19. (a) June 2, 1940 (b) P.A. HOLMES  
 (Date received local registrar) (Registrar's signature)

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? 421  
 (e) Means of injury \_\_\_\_\_  
 23. Signature: Ed Tucker M.D. (M. D. or other) \_\_\_\_\_  
 Address: Lawrence Mo Date signed 6-2-40

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

2  
0-39  
-39  
21492

JUL 15 1940

RECEIVED

District Health Officer No. 6

District File Number 740-2314

Date Filed JUL 9 1940

FEB 24 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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, above space should be left blank.