

No. 2  
1-10-39  
17-  
X21481

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42762

State File No. 283

JAN 17 1940

Registration District No. 398

Primary Registration District No. 3019

Registrar's No.

I. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
716 So. Liberty  
(If not in hospital or institution, write street number & location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days) 2

3. (a) PRINT FULL NAME Rebecca Christopher Westwood

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 Married

6. (b) Name of husband or wife Paul M. Westwood 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 25 1912  
(Month) (Day) (Year)

8. AGE: Years 28 Months 8 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business at home

12. Name Samuel A. Christopher

18. Birthplace Sarad Co., Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Hamilton

15. Birthplace Sarad Co., Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Paul M. Westwood

(b) Address 716 So. Liberty

17. (a) Burial (b) Date thereof 11/15/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goodlows

18. (a) Signature of funeral director W. C. Carson

(b) Address Independence, Mo.

19. (a) Nov. 14, 40 (b) F. L. Cook  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence  
(If outside city or town limits, write "RURAL")  
(d) Street No. 716 So. Liberty  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13  
year 1940 hour 3 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;

that I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death: Bullet wound, chest  
See Inflected.

Other conditions (Include pregnancy within 3 months of death) IV!

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence 11-13-40

(c) Where did injury occur? Independence Jackson Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
3rd floor

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Paul M. Westwood (M. D. or other) 5

Address ACU Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

Jackson County Health Dept.,

County File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

**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 Raymond N. Martin

Licensed Embalmer No. 4150

P. O. Address Independence 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, above space should be left blank.