

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.
 Registrar's No. 864

Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH:
 (a) County GREENE
 (b) City or town Springfield
 (c) Name of hospital or institution: St. John's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Several minutes
 In this community 25 years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Greene
 (c) City or town Springfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. 819 E. Belmont
 (If rural, give location)
 (e) Citizen of foreign country? No
 If yes, name country.....

3. (a) PRINT FULL NAME Dortha Bolton Westenberger
 3. (b) If veteran, name war None
 3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Jerry Westenberger
 6. (c) Age of husband or wife if alive Unknown years
 7. Birth date of deceased September 13, 1913
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>30</u>	<u>1</u>	<u>7</u>	hr. min.

9. Birthplace Winona, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Credit Manager
 11. Industry or business Clothing Store

MOTHER FATHER {
 12. Name Murley Bolton
 13. Birthplace Alton, Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Tena Holbert
 15. Birthplace Winona, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Jerry Westenberger
 (b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 10-27-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
 (b) Address Springfield, Missouri

19. (a) 10-27-43 (b) Dr. W. E. Handley
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 20th
 year 1943 hour 6:15 minute P. M.

21. I hereby certify that I attended the deceased from Dr. Physician in attendance, 19...
 that I last saw him alive on, 19...
 and that death occurred on the date and hour stated above.

Immediate cause of death Shock + hemorrhage

Due to Crushed chest and multiple injuries of pelvis + head

Due to Collision

Other conditions (Include pregnancy within 3 months of death) 170 lb

Major findings: Of operations 7/2
 Of autopsy 7/2

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident 1st
 (b) Date of occurrence Oct 20, 1943
 (c) Where did injury occur? Springfield Greene Mo
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in street, or on highway? Street + highway intersection (Machine)
 (Specify type of place) (e) Means of injury Automobile
 While at work? No
 23. Signature Murray C Stone (M. D. or other)
 Address Springfield, Mo 3 Date signed 10-28-43

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

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

NOV 19 1948

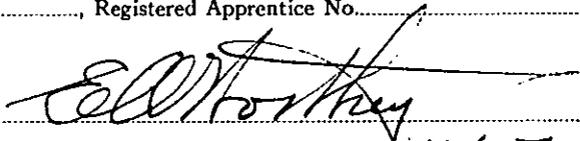
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STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No.....

767

P. O. Address.....



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.

X