V. S. No. 2
0M—8-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2596

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 41-1

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town JOPLIN (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: FREEMAN Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community ... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town JOPLIN (If outside city or town limits, write "RURAL")
(d) Street No. 2115 Byers Ave (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Amanda Westgate North
3. (b) If veteran, name war ...
3. (c) Social Security No. ...
4. Sex FEMALE
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife ED. WESTGATE
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased April (Month) 14 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
75	9	7	... hr. ... min.

9. Birthplace DECATUR (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation Housewife
11. Industry or business OWN HOME
FATHER
12. Name ASA CARTER
13. Birthplace INDIANA (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name ELIZABETH ANN CRUM
15. Birthplace INDIANA (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. John Whaley
(b) Address 2115 Byers Ave Joplin Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Neosho I.O.O.F. Cemetery
18. (a) Signature of funeral director Corley Thompson
(b) Address Neosho Mo
19. (a) 1-30-45 (Date received local registrar) (b) Gertrude Sudhoelter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 21 year 1945 hour 1 minute P. M.
21. I hereby certify that I attended the deceased from Jany 15, 1945, to Jany 21, 1945; that I last saw her alive on Jany 21, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cholecystitis myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93e'	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature W S Loveland (M. D. or other)
Address Joplin, Mo Date signed 1/30/45

1204

(Licensed Embalmer's Statement on Reverse Side)

45-1-46

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 Morley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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, fact should be so stated above.