

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI

FILED MAR 14 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. _____

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 68

1. 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:
Independence Sanitarium 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 days
(Specify whether
 In this community 30 years
year, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
 (c) City or town Independence 11
(If outside city or town limits, write "RURAL")
 (d) Street No. 1505 W. Alton
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME FLORA MELVINA WESTLING

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 Andrew Westling
 6. (c) Age of husband or wife if alive 86 years
 7. Birth date of deceased October 29 1860
(Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 27
 If less than one day hr. min.

9. Birthplace Huntington Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Wise

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

14. Maiden name Mrs. M. Frame
(City, town, or county) (State or foreign country)

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

16. (a) Informant Flora Wyman

(b) Address 1505 W. Alton

17. (a) Removal (b) 'Date thereof 2-27-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moline Kansas

18. (a) Signature of funeral director Geo. C. Carson Funeral Home

(b) Address Independence Missouri

19. (a) 2-26-46 (b) James Ross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24
 year 1946 hour 6 minute 00 A. M.

21. I hereby certify that I attended the deceased from February 15, 1946 to February 23, 1946
 that I last saw him alive on February 23, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Brancho pneumonia 7 days

Due to _____

Due to _____

Other conditions 107
(Include pregnancy within 6 months of death)

Major findings: Tuberculosis 3 days
 Of operations _____

Of autopsy no autopsy
no 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? _____

(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 J. H. Haller (M. D. or other) _____
 Address Independence Date signed 2/25/46

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

4999

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 S. Carson
Licensed Embalmer No. 2249
P. O. Address Indep. 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.