

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. Lemmon St. 17180  
State File No. \_\_\_\_\_  
Registrar's No. 407

Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH:  
(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
628 S. Main  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 60 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene 39  
(c) City or town Springfield 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 628 S. Main 6  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Ann Westenberger  
3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 3  
year 1947 hour 2 minute 0 P. M.  
21. I hereby certify that I attended the deceased from  
1-14 1947 to 5-3 1947  
that I last saw her alive on 1-23 1947  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Jerry V. Westenberger 6. (c) Age of husband or wife if alive Dec. years  
7. Birth date of deceased March 19 1872  
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis Duration Few min.  
Due to Arteriosclerosis Inde- terminate

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>1</u>	<u>24</u>	hr. _____ min. _____

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Pulaski County Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Home  
11. Industry or business \_\_\_\_\_  
12. Name Francis Fox  
13. Birthplace Dublin Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace Dublin Ireland  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Francis Westenberger  
(b) Address Springfield, Mo.  
17. (a) Burial (b) Date thereof 5/6/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Mary  
18. (a) Signature of funeral director H.H. Lohmeyer  
(b) Address Springfield, Mo.  
19. (a) 5-6-47 (b) W.E. Handley MD  
(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? \_\_\_\_\_ (City or town) (County) (State)  
(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 0 ✓  
23. Signature Bruce Lemmon Jr. (M. D. or other) \_\_\_\_\_  
Address Springfield, Mo. Date signed 5-5-47

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

MOTHER FATHER

**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 *Walter E. Hamelton*

Licensed Embalmer No. *3808*

P. O. Address *Springfield 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.