S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 7 1947

Registration District No. 1394

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31010

Primary Registration District No. 3023

Registrar's No. 199

1. PLACE OF DEATH:

(a) County: Henry

(b) City or town: Clinton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 215 N 4th (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community) 2 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Henry 42

(c) City or town: Clinton (If outside city or town limits, write "RURAL") 1

(d) Street No.: 215 N 4th (If rural, give location) 2

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: Henry Westhusing

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: married

6. (b) Name of ~~husband or~~ wife: Anna Westhusing

6. (c) Age of husband or wife if alive: 72 years

7. Birth date of deceased: 3 (Month) 18 (Day) 1873 (Year)

8. AGE: Years 74 | Months 6 | Days 9 | If less than one day ..... hr. ..... min.

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

10. Usual occupation: Farmer

11. Industry or business .....

FATHER
12. Name: Anthony Westhusing
13. Birthplace: Hartwell (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name: Kathryn Sickman
15. Birthplace: Cape Girardeau (City, town, or county) Mo (State or foreign country)

16. (a) Informant: Anna Westhusing
(b) Address: 215 N 4th Clinton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9 30 47 (Month) (Day) (Year)
(c) Place: burial or cremation: Germantown Mo

18. (a) Signature of funeral director: Lickman & Dunning
(b) Address: Clinton Mo

19. (a) 9-29-1947 (Date received local registrar) (b) R R Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept day: 27 year: 1947 hour: 5 minute: 45 P.M.

21. I hereby certify that I attended the deceased from Feb 18, 1947, to Sept 27, 1947; that I last saw alive on Sept 11, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinomatosis of the Prostate	Short One year
Due to —	
Due to —	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): No
(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) 0
While at work? (e) Means of injury .....

23. Signature: S. B. Hughes (M. D. or other) M.D.
Address: Clinton, Mo. Date signed: 9/29/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 9-47-116
Date Filed 10-6-47

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.....J R Hausey.....
Licensed Embalmer No.....5682.....
P. O. Address....Calhoun 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.