

No. 2  
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7-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18599

State File No. \_\_\_\_\_

FILED JUL 9 1948  
Registration District No. 70

Primary Registration District No. 3002

Registrar's No. 100

1. PLACE OF DEATH:  
(a) County Audrain  
(b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
620 N. Jeffries St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life \_\_\_\_\_ (Specify whether)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Audrain  
(c) City or town Mexico  
(If outside city or town limits, write "RURAL")  
(d) Street No. 620 N. Jeffries St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Edward Westfall  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife \_\_\_\_\_  
7. Birth date of deceased February 20, 1948  
(Month) (Day) (Year)

8. AGE: Years 0 Months 4 Days 14  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Frank E. Westfall  
13. Birthplace Fayette, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Jean Roberts  
15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank E. Westfall  
(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof July 5, 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Earl E. Prichard  
(b) Address Mexico, Mo.

19. (a) 7/5/48 (b) Blanche Neely  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4  
year 1948 hour 12 minute 05 P. M.  
21. I hereby certify that I attended the deceased from July 2, 1948, to July 4, 1948,  
that I last saw him alive on July 4, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral spinal meningitis  
Due to Streptococcal infection of throat  
Due to \_\_\_\_\_

Other conditions Congenital absence of spleen and appendix  
(Include pregnancy within 3 months of death)

Major findings: 95%  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 2

23. Signature R. D. Swan (M. D. or other) 19-0  
Address 1005 W. Lane St. Mexico, Mo. Date signed 7-5-48

Duration  
2 days  
7 days  
9 mo. 14 days  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

RECEIVED  
District Health Officer No. 10  
District File Number 7-48-1129  
Date Filed JUL 7 - 1948

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 Carl E. Pugh  
Licensed Embalmer No. 3189  
P. O. Address Mexico, 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.