

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33456
Registrar's No. 4172

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
607 1/2 Main Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Unknown years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 607 1/2 Main Street
(If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hugh H. Westfall

3. (b) If veteran, name war None 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Marie Wright 6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased Sept. 27 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 11 27 hr. min.

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

10. Usual occupation Pensioner

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Investigation
(b) Address Coroner's office
17. (a) Anatomical (b) Date thereof 10-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation K.C. College of Osteo

18. (a) Signature of funeral director Wejert Funeral Home
(b) Address 2932 Meador Pl. K.C. Mo
19. (a) 10-13-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24th
year 1948 hour 12:05 PM minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 9 months of death) Deputy Coroner

Major findings: Of operations _____ Of autopsy History 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? _____

While at work? _____ (Specify type of work) _____
(e) Means of injury A. E. Upsher
23. Signature A. E. Upsher (Name and address of physician)
Address 2800 Main

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

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 Blaine E. Weibert
Licensed Embalmer No. 4075
P. O. Address K.C. 8, 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.