

No. 300
4-10-47
5-17-39
I 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39120

FILED NOV 24 1948
Registration District No. 3948

Primary Registration District No. 4514

Registrar's No. 18

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

1. PLACE OF DEATH:

(a) County Sullivan

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

(c) Name of hospital or institution: Penn Twp.
(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 years, months or days)

3. (a) PRINT FULL NAME Rose Ethel Westfall

3. (b) If veteran, name war No

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 Ray Westfall

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

7. Birth date of deceased March 12 1899
(Month) (Day) (Year)

8. AGE: Years 49 Months 8 Days 3
If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name George S. Houser

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

14. Maiden name Hannah Quarrels

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

16. (a) Informant Marjorie Ammerman

(b) Address Green City, Mo.

17. (a) Burial (b) Date thereof 11 20 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Price Cemetery

18. (a) Signature of funeral director Glenn E. Kentler

(b) Address Green City, Missouri

19. (a) 11-20-48 (b) Laura Collett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan

(c) City or town Green City
(If outside city or town limits, write "RURAL")

(d) Street No. Penn Twp.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 15
year 48 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10-30
1948 to 11-15 1948
that I last saw her alive on 11-15-48 12:45 PM 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure

Due to Malignancy with brain

Due to River wall metastases

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 46
Of operations _____

Of autopsy _____

Duration _____

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) none

(b) Date of occurrence none

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

While at work? none (Specify type of place) (e) Means of injury none

23. Signature Glenn E. Kentler (St. D. or other)

Address Green City, MO Date signed 11-17-48

RECEIVED

District Health Officer No. 10

District File Number 11-48-1993

Date Filed NOV 22 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.....

Carl R. Kent....., Registered Apprentice No. 243,
working under my personal supervision.

Signed Archie W. Wade.....

Licensed Embalmer No. 3087.....

P. O. Address Grand City, 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.