V. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37999

FILED DEC 12 1945

Registration District No. 2 27 Primary Registration District No. 3046 Registrar's No. 15

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

1. PLACE OF DEATH:
(a) County Moniteau Co
(b) City or town California, Mo, Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Latham Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
In this community 10 Yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau 68
(c) City or town California, Mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No. City, Gen Delivery
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Henry Westing
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Amanda Westing
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Feb (Month) 27 (Day) 1861 (Year)

8. AGE: Years 84 Months 8 Days 12 If less than one day ____ hr. ____ min.

9. Birthplace Moniteau Co. (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business

MOTHER FATHER
12. Name Geo Westing
13. Birthplace ____ (City, town, or county) Germany (State or foreign country) 4
14. Maiden name Mary Witterbreck
15. Birthplace ____ (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant John W Westing
(b) Address Lancaster Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 10. 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Salem Evangelical Cem
18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California, Mo.
19. (a) 11-10-45 (Date received by Registrar) (b) H R Popejoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8
year 1945 hour 5 minute P M.
21. I hereby certify that I attended the deceased from Nov 7, 1945, to Nov 8, 1945;
that I last saw him alive on Nov 8, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	2 years
Due to: Generalized arteriosclerosis	10 years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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 place) (e) Means of injury 0

23. Signature Kenyon Latham (M. D. or other)
Address California, Mo Date signed 11-9-45

152 9 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number .....
Date Filed 12-10-45

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 me

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Ferrel R. Boulin

Licensed Embalmer No. 2126

P. O. Address Salisaria, 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.