

FILED OCT 23 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4195

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

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: St. Marys Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months & 3 weeks  
(Specify whether years, months or days)

In this community 2 months 3 weeks  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Sedalia 6  
(If outside city or town limits, write "RURAL") 4

(d) Street No. \_\_\_\_\_ (If rural, give location) 1

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary A. Westermier

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 10  
year 1945 hour 1:50 minute A M.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Single

6. (b) Name of husband or wife. None 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 31, 1932  
(Month) (Day) (Year)

Immediate cause of death Acute enter myelitis (left femur)

Due to Compound comminuted fracture

Due to Fall

8. AGE: Years Months Days If less than one day

13 4 9 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions 186a-5  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 18

Of autopsy yes as above

9. Birthplace Sedalia Mo. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation School Girl

11. Industry or business School

MOTHER FATHER } 12. Name Hy Westermier

13. Birthplace Bahner Mo. U  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Velten

15. Birthplace Pierce City, Mo. U  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
Boobyie accident  
(specify) (City or town) (County) (State)

Date of occurrence July 11-45 132

(c) Where did injury occur? Sedalia mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
about home

16. (a) Informant Mrs. Catherine Westermier Boobyie

(b) Address Detroit, Mich.

17. (a) Burial (b) Date thereof 10/12/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia, Mo.

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address 1800 Linwood Blvd, K.C. Mo.

While at work? no (Specify type of place) Fall from Tree

(e) Means of injury \_\_\_\_\_

23. Signature Jessie Walker Boobyie  
(M. D. or other)

Address 1424 popple Date signed 10-10-45

19. (a) 10-11-45 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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.....

*Russell N. France*

Licensed Embalmer No. 4255

P. O. Address K.C. 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.