

FILED OCT 2 1948
Registration District No. **2048 4**

Primary Registration District No. **3046**

Registrar's No. **48**

1. PLACE OF DEATH:

(a) County **Moniteau Co.**

(b) City or town **California Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau**

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

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME **ANNA ELIZABETH WESTHOLZ**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Fred Westholz** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Mo. 19 1888**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	10	23	hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Wm. Kueger** **4**

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

14. Maiden name **Elizabeth Rankin**

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

16. (a) Informant **Fred Westholz**

(b) Address **California Mo.**

17. (a) **Burial** (b) Date thereof **9-14-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lutheran Cem.**

18. (a) Signature of funeral director **Hugh E. Williams**

(b) Address **California Mo.**

19. (a) **9-14-48** (b) **H.R. Popgoy**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **11**
year **1948** hour **9** minute **30** P.M.

21. I hereby certify that I attended the deceased from **July 8**
1944, to **Sept 11** 1948
that I last saw her alive on **Sept 11** 1948
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**
Due to **ad. valvular (mitral)**
heart disease

Due to _____

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

Major findings: 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 **0**

23. Signature **Newton Latham** (M. D. or other)

Address **California Mo.** Date signed **9-13-48**

Duration **5 years**

PHYSICIAN _____

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

NOV 20 1948

RECEIVED
District Health Officer No. 9,
District File Number
OCT 1 1948
Date Filed

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 *Hugh E. Sullivan*
Licensed Embalmer No. *3537*
P. O. Address *California 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.