

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2111 Sergeant
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 Years
(Specify whether years, months or days)

8. (a) PRINT FULL NAME John Richard Westbrook 231

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Mary Graham 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 11 1857
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Richard V Westbrook

18. Birthplace Missouri
(State or foreign country)

14. Maiden name Miss Mary E. Coody

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

16. (a) Informant's own signature James V. Westbrook

(b) Address Los Angeles Calif

17. (a) Burial (b) Date thereof 10-24-'39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carl Junction, Mo.

18. (a) Signature of funeral director J. Reynolds

(b) Address Joplin Mo. 2430

19. (a) 10-24-39 (b) James V. Westbrook
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 2111 Sergeant
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22
year 1939 hour 2:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from Oct 20
1939, to Oct 23, 1939

that I last saw him alive on Oct 20, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of
Stomach Level 4/6 2 yrs?

Due to _____

Due to _____

Other conditions chr. myocarditis ?
(Include pregnancy within 3 months of death)

Major findings: none
Of operations _____

Of autopsy none

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) _____

(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)

23. Signature James A. O'Brien (M. D. or other) M.D.

Address 614 1/2 Mason St. Date signed Oct 24-39
Joplin Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 1139-22195

Date Filed NOV 9 1939

MAR 3

1955

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 J. P. Reynolds
Licensed Embalmer No. 3718
P. O. Address Joplin 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, above space should be left blank.