

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 523

1. PLACE OF DEATH:

(a) County Greene
 (b) City or town Springfield Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Johns Hospital ()
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Three Days
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell 46
 (c) City or town West Plains Mo. /
 (If outside city or town limits, write "RURAL.")
 (d) Street No. 1012 Arkansas /
 (If rural, give location)
 (e) Citizen of foreign country? No / (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28th
 year 1941 hour 5 minute 15 a. M.
 21. I hereby certify that I attended the deceased from June 25,
1941 to June 28, 1941.

that I last saw h. alive on June 28, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death. Myocardial vascular Duration
Collapsae

Due to toxicemia of intestinal
obstruction

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

Major findings: Intestinal Obstruction PHYSICIAN
 Of operations Post operative adhesion Underline
 Of autopsy _____ the cause to
 which death
 should be
 charged sta-
 tistically.

3. (a) PRINT FULL NAME Juaneta K. Wescott

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife if Chas Wescott 6. (c) Age of husband or wife if 36
 alive _____ years

7. Birth date of deceased June 12th 1906
 (Month) (Day) (Year)

8. AGE: Years 35 Months 0 Days 16 If less than one day
 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name H. E. Ferrell

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

14. Maiden name Mary Cordsmeyer

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

16. (a) Informant H. E. Ferrell

(b) Address Mountain View Mo.

17. (a) Burial (b) Date thereof July 1 41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mountain View Mo

18. (a) Signature of funeral director John F Duncan

(b) Address Mountain View Mo 684

19. (a) 7-1-41 (b) W. E. Handley
 (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

X

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

John F. Dunbar

Licensed Embalmer No. *2516*

P. O. Address *Monte View Ave*

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.