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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 5 1942

Registration District No. 4 8 4

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14757

Primary Registration District No. 5622

Registrar's No. 19

1. PLACE OF DEATH:

(a) County: Lafayette

(b) City or town: Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lafayette County Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Lafayette

(c) City or town: Wellington Rural (If outside city or town limits, write "RURAL")

(d) Street No. Lafayette Co Home (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: Edgar Westerman

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Divorced

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: Dec. (Month) 31 (Day) 1895. (Year)

8. AGE: Years	Months	Days	If less than one day
46	3	26	..... hr. ..... min.

9. Birthplace: Wellington, MO. (City, town, or county) U (State or foreign country)

10. Usual occupation: Common Labor

11. Industry or business .....

FATHER
12. Name: John Westerman
13. Birthplace: Unknown (City, town, or county) ? (State or foreign country)

MOTHER
14. Maiden name: Matildia (Unknown)
15. Birthplace: Unknown (City, town, or county) ? (State or foreign country)

16. (a) Informant: Lafayette County Home

(b) Address: Lexington, MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 12, 42 (Month) (Day) (Year)

(c) Place: burial or cremation: Wellington, MO.

18. (a) Signature of funeral director: W. L. Emmerson

(b) Address: Wellington, M.

19. (a) 4-10-42 (Date received local registrar) (b) Mrs W. F. Baker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9 year 1942 hour 2:30 P. Minute ..... M.

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

Immediate cause of death: Burned to death in a burning building (Lafayette County Home)

Due to: .....

Due to: .....

Other conditions (Include pregnancy within 3 months of death): 181-1

Major findings: Of operations: 15

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): Accident 154

(b) Date of occurrence: Apr 9 1942

(c) Where did injury occur? Wellington (City or town) Lafayette (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Lafayette County Home (Specify type of place)

While at work? ..... (e) Means of injury: Burns

23. Signature: W. Emmerson M.D. Coroner (M. D. or other)

Address: Odessa Mo Date signed: 4/9/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-4-42

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 W. Roy Ewen

Licensed Embalmer No. 3070

P. O. Address Wellington, 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.