S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

31611

State File No.

Registration District No. 500

Primary Registration District No. 6225

Registrar's No. 103

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: N. of Nevada 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 13 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon 108

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. N. of Nevada, Mo.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Ralph S. Westcott

3. (b) If veteran, name war no.

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Sept. 22, 1896.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
46	0	6.	hr. min.

9. Birthplace Galena Kans. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Seba Westcott
13. Birthplace Lansing Mich. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lizzie Sutton
15. Birthplace Unknown Mich. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Westcott
(b) Address Nevada, Mo. R#1

17. (a) Burial (b) Date thereof Oct 1, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director Marsh Eichinger
(b) Address Nevada, Mo.

19. (a) Sept 30, 1942 (b) Elizabeth Breckenridge
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 8/23, 1940, to 9/28, 1942
that I last saw him alive on 9/27, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Hypertension, essential

Due to

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

Major findings:
Of operations
Of autopsy 830

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) no

(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 R. W. Pearse Jr. (M. D. or other) M D

Address Nevada, Mo. Date signed 9/30/42

1231

(Licensed Embalmer's Statement on Reverse Side)

NOV 4 1942

RECEIVED
District Health Officer No. 7
District File Number 10-42-1068
Date Filed 10-6-42

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 Mark Eichinger

Licensed Embalmer No. 26756

P. O. Address Nevada 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.