

Registration District No. **240** Primary Registration District No. **5826**

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

1. PLACE OF DEATH:
 (a) County **New Madrid**
 (b) City or town **Rural**
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **23 years** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **New Madrid**
 (c) City or town **Rural**
 (d) Street No. **North of Hwy 110**
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **John Westmeland**
 3. (b) If veteran name war _____ 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan** day **12**
 year **1943** hour **11:00** minute _____ A. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

4. Sex **Male** **5. Color or Race** **W**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Zella Westmeland**
6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **Mar. 4 1878**
 (Month) (Day) (Year)

Immediate cause of death **Hanged self with rope broken neck, suicidal**
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) **1640**

8. AGE: Years **64** Months **10** Days **8**
 If less than one day _____ hr. _____ min.
9. Birthplace **Ballard Co. Ky.**
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy **no**

10. Usual occupation **Farmer**
11. Industry or business **Farmer**
12. Name **John Westmeland**
13. Birthplace **unknown**
14. Maiden name **unknown**
15. Birthplace _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **suicide**
 (b) Date of occurrence **1/12-43**
 (c) Where did injury occur? **New Madrid, Mo.**
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
 While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **Geo. Hedges** **Deputy Coroner**
 Address **New Madrid Mo.** Date signed **1/12-43**

16. (a) Informant **Selma Westmeland**
 (b) Address **Portageville Mo. Rt. 1**
17. (a) Burial (b) Date thereof **1-12-43**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Portageville Mo.**
18. (a) Signature of funeral director **Wm. Dean**
 (b) Address **Portageville Mo.**
19. (a) Jan 29-43 (b) **Wm. R. Parrett**
 (If so received local registrar) (Registrar's signature)

RECEIVED

District Health Office No.

District File Number 243-239

Date Filed 2-16-43

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 Neel C. Dean

Licensed Embalmer No. 3941

P. O. Address Portageville

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.