No. 2
—2-43
-17-39
X35397

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1944

Registration District No. 324

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15944

Primary Registration District No. 4485 6112a

Registrar's No. 35

1. PLACE OF DEATH:
(a) County: Scott
(b) City or town: Kelso - Ward
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Family 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: All life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Scott
(c) City or town: Kelso Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No): No
If yes, name country: 0

3. (a) PRINT FULL NAME: Rosena Westrick
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Female
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Clemons Westrick
6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: May (Month) 31 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
69	9	11	....hr. ....min.

9. Birthplace: Kelso Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: John Hisser
13. Birthplace: Kelso Mo (City, town, or county) 0 (State or foreign country)
14. Maiden name: Elizabeth Hemsopath
15. Birthplace: Kelso Mo. (City, town, or county) 0 (State or foreign country)
16. (a) Informant: Clemens Westrick
(b) Address: Kelso
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 15 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Kelso Mo
18. (a) Signature of funeral director: Joe G. Howell
(b) Address: Cape Girardeau Mo
19. (a) 4/6/44 (Date received by registrar) (b) Maud L. Tomlinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1944 hour 3 minute 15 A.M.
21. I hereby certify that I attended the deceased from Dec. 12, 1943, to Mar. 12 1944, that I last saw her alive on March 12 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Decompensation	
Due to: Mitral Stenosis + Regurgitation	
Myocardial Hypertrophy	
Due to:	
Other conditions: Senility (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

92 P

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) (e) Means of injury:

23. Signature: M. P. Brogan (M. D. or other) DO
Address: Benton, Mo. Date signed: 3-13-44

1314

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 544-212
Date Filed 5-11-44

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. H. Estes

Licensed Embalmer No. 3568

P. O. Address.....

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.