

FILED JUL 25 1944
Registration District No. 728

Primary Registration District No. 2000

Registrar's No. 591

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: St. Johns Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 67 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

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

(d) Street No. Rural 0
(If rural, give location)

(e) Citizen of foreign country? No 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph H. Westmorland

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

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

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

7. Birth date of deceased Nov. 1, 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 14 If less than one day
hr. min.

9. Birthplace Springfield Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Hiram H. Westmorland

13. Birthplace Springfield Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Susie Morton

15. Birthplace Springfield Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Westmorland

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 7-18-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cem

18. (a) Signature of funeral director. H. H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 7-18-44 (b) W. Haudley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 15
year 1944 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from 6-18 1944 to 7-15 1944
that I last saw him alive on 7-15 1944
and that death occurred on the date and hour stated above.

Immediate cause of death thrombosis of Superior mesenteric + Portal veins

Due to Cirrhosis of liver

Due to _____

Other conditions 124 P-1
(Include pregnancy within 3 months of death)

Major findings: Cirrhosis of liver

Of operations _____

Of autopsy as above

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 mi 2

23. Signature W. Roland (M. D. or other) mi 2
Address Springfield, Mo. Date signed 7/18/44

Duration 2 days

yes.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

37
2
6

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.....

L. Louis Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield, 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.

X