

FILED AUG 21 1944
Registration District No. **2184**

Primary Registration District No. **6225**

1088008
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution:
State Hosp. no 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19.7 mo. 29 da.
(Specify whether same.)

In this community Same.
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 108

(c) City or town Jasper Route 2
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Estella Wescoat

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

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

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

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

7. Birth date of deceased July 17 - 1888.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

55 11 25 hr. min.

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

10. Usual occupation Housework

11. Industry or business Own Home

12. Name Richard Patterson

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

14. Maiden name Phoebe Heblor

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

16. (a) Informant Hospital Records

(b) Address Nevada Mo.

17. (a) Removal (b) Date thereof 7-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jasper Mo.

18. (a) Signature of funeral director John J. Jones

(b) Address Jasper Mo.

19. (a) 7-12-44 (b) Hazel B. Beurch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1944 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from 3-1-1944
_____ 19____ to 7-12-1944 19____;

that I last saw her alive on 7-12-1944 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 93d

Major findings: Of operations _____

Of autopsy _____

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 R. B. Restor M.D. (M. D. Required)
Address Nevada Mo Date signed 7-12-44

RECEIVED
District Health Officer No. 7,
District File Number 7-44-902
Date filed 8-5-44

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 Marsh Eichinger, Registered Apprentice No. _____
working under my personal supervision.

Signed Marsh Eichinger
Licensed Embalmer No. 2656
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.