

FILED MAY 13 1946
Registration District No. 737

Primary Registration District No. 5506

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural 1 1/2 mi S & E Clinton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 1/2 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42
(c) City or town Clinton mo
(If outside city or town limits, write "RURAL")
(d) Street No. Rural 4 mi S & E Clinton
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry James Westerman

3. (b) If veteran, name war ✓ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased may 30 - 1880
(Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Cooper Co mo
(City, town, or county) (State or foreign country)

10. Usual occupation officer of law

11. Industry or business _____

MOTHER FATHER { 12. Name George Westerman & Genevieve
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Genevieve Ampull
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Rudolph Raff
(b) Address Clinton mo

17. (a) Burial (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation Englewood Bur

18. (a) Signature of funeral director Conradus Beck

(b) Address Clinton mo

19. (a) 4-9-46 (b) R.R. Kenna
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 5
year 1946 hour 16 minute 45 PM

21. I hereby certify that I attended the deceased from 2-28 1946 to 4-5 1946
that I last saw him alive on 4-1 1946
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Due to atherosclerosis
hypertension
Due to _____

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations SB
Of autopsy _____

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 J. C. Oelber (City or town) (County) (State)
Address Clinton Mo Date signed 4/8/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

District No. 4-46-411
Date Filed 5-10-46

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.....

J E Cousland

Licensed Embalmer No.....

1891

P. O. Address.....

Chilmark

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.