

No. 2
5-42
9-17-39
32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7535

FILED MAR 12 1947

Registration District No. 326

Primary Registration District No. 4483

Registrar's No. 14

1. PLACE OF DEATH: Scotland
(a) County: Scotland
(b) City or town: Rutledge, Mo.
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri County: Scotland
(c) City or town: Rutledge
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: Harriet A. Westcott

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

4. Sex: Female Color or race: white 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: July 24 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 6 22 hr. min.

9. Birthplace: Knox County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: House keeper

11. Industry or business:

12. Name: Thomas Edens

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

14. Maiden name: Lorenda Howard

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

16. (a) Informant: Rupert Westcott
(b) Address: Rutledge, Mo.

17. (a) Burial (b) Date thereof: Febr. 18
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Sand Hill Cemetery

18. (a) Signature of funeral director: Gerth H...
(b) Address: Rutledge, Mo.

19. (a) Feb. 20-47 (b) Mrs. E. E. Parvish
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 16
year 1947 hour 8 minute 00 P.M.

21. I hereby certify that I attended the deceased from Jan 17
1947 to Feb 15 1947
that I last saw him live on Feb 15 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis
Senility

Due to: Senility

Other conditions: Shock from fall
Major findings: Of operations: 1869
19

Of autopsy: 1869
19

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 99
(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) (Means of injury)
23. Signature: W. D. or other: W. D. or other
Address: Knoxville Mo Date signed: 2/18/47

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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

RECEIVED
District Health Officer No. 10
District File Number 3-47-447
Date Filed MAR-1-1947

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 Geo. V. Bickett

Licensed Embalmer No. 1817

P. O. Address Wyanona

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.

Registration District No. 326 Primary Registration District No. A 283

1. PLACE OF DEATH:
(a) County Scotland
(b) City or town Rutledge
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ years, months or days
3. (a) PRINT FULL NAME Harriet A. Westcott
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 24 (Month) (Day) (Year)

8. AGE: Years 90 Months _____ Days _____ (If less than one day, hr. min.)

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Year 1947 Hour _____ minute _____ 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.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

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) accident

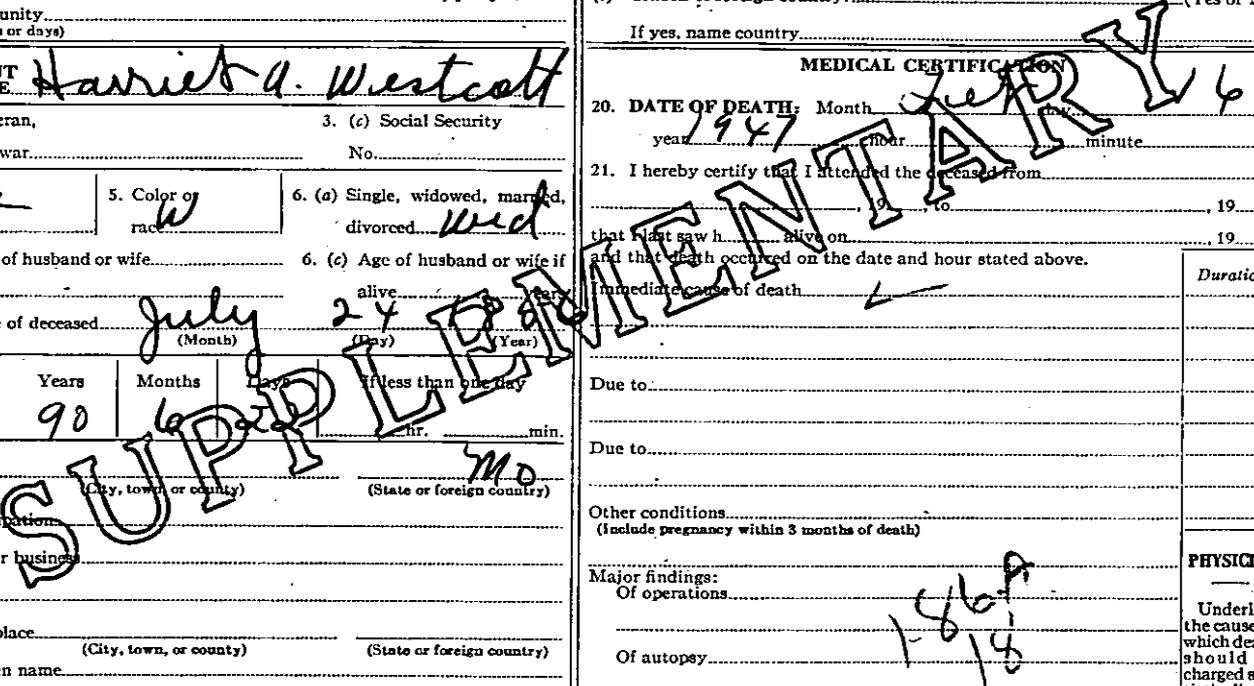
(b) Date of occurrence Jan 10, 1947

(c) Where did injury occur? Rutledge, Scotland, Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home
(Specify type of place) fell while walking to bathroom
While at _____ (e) Means of injury slipped trip

23. Signature Waldob Horn (M.D. or other)

Address Knox City Date signed 4/18/47



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

S-7535