

S. No. 2  
-12-45  
5-17-39  
PI X47070

**FILED APR 1 1947**

Registration District No. **160**

Primary Registration District No. **3029**

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

**1. PLACE OF DEATH:**  
(a) County **Jefferson**  
(b) City or town **Crystal City, Mo.**  
(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** **John H. Wescoat**  
**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** **Married**  
**6. (b) Name of husband or wife** **Stella M.** **6. (c) Age of husband or wife if alive** **66** years  
**7. Birth date of deceased** **October 6, 1873**  
(Month) (Day) (Year)

<b>8. AGE:</b>	Years	Months	Days	If less than one day
	<b>73</b>	<b>5</b>	<b>6</b>	hr. min.

**9. - Birthplace** **De Lassus Mo.**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Retired Fire Chief**

**11. Industry or business**  
**12. Name** **John Wescoat**  
**13. Birthplace** **Unknown**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Sarah Porter**  
**15. Birthplace** **Unknown Mo.**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Mrs. John Wescoat**  
**(b) Address** **Crystal City, Mo.**

**17. (a) Burial** **(b) Date thereof** **March 15, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Festus, Mo.**

**18. (a) Signature of funeral director** **Gentry C. Pelitta**  
**(b) Address** **Crystal City, Mo.**

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

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Jefferson**  
(c) City or town **Crystal City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **104 Jefferson**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **March** day **12,**  
year **1947** hour **8:45** minute **A.** M.  
**21. I hereby certify that I attended the deceased from** **11-21-1946**  
\_\_\_\_\_, 19\_\_\_\_, to **3-12-1947**  
that I last saw him alive on **3-11**, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

<b>Immediate cause of death</b> <b>Uremia</b>	<b>Duration</b> <b>4 days</b>
<b>Due to</b> <b>Kidney infection</b>	
<b>Due to</b> <b>Kidney coliculus</b>	
<b>Other conditions:</b> (Include pregnancy within 3 months of death)	
<b>Major findings:</b> Of operations <b>34A</b>	<b>PHYSICIAN</b>
<b>Of autopsy</b>	<b>Underline the cause to which death should be charged statistically.</b>

**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?

**23. Signature** **A. D. Donnell** (M. D. or other) **M.D.**  
**Address** **Crystal City, Mo.** **Date signed** **3-18-47**  
While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

RECEIVED  
District Health Officer No. 9,  
District File Number 8  
Date Filed 3/31/47

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 Georges B. Pollette  
Licensed Embalmer No. 3481  
P. O. Address Crystal City, 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.