S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1948

Registration District No. 331

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3671

Primary Registration District No. 6113

Registrar's No.

1. PLACE OF DEATH:

(a) County SCOTT

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

(c) Name of hospital or institution: COUNTY FARM 5 2 MI EAST OF BENTON
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 WEEKS (Specify whether
In this community 3 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SCOTT 100

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

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CLEMENT WESTRICH

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 ROSINA HEISSERER WESTRICH

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

7. Birth date of deceased OCTOBER (Month) 31 (Day) 1874 (Year)

8. AGE: Years 73 ~~74~~ Months 2 Days 0 If less than one day ___ hr. ___ min.

9. Birthplace NEW HAMBURG (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business "

FATHER
12. Name UNKNOWN 9
13. Birthplace " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN 9
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Westrich
(b) Address Oran, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation St Augustine Kelso Mo

18. (a) Signature of funeral director Bisplinghoff Funeral Home
(b) Address Illmo, Mo.

19. (a) 1-8-1948 (Date received local registrar) (b) Mrs Addie Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 1 year 1948 hour 5 minute P M.

21. I hereby certify that I attended the deceased from 12/20, 1947, to 1/1/48; that I last saw him alive on 12/30/47, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Infarct	10 Days
Due to Hypertensive Heart Disease	2 yrs
Due to Cerebral Apoplexy	1 Year
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

9318

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature W B [illegible] (M. D. or other)

Address Chaffee Mo Date signed 1/2/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No 2,
District File Number 148-66
Date Filed 1-12-48

JAN 28 1948

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 Oliver C Amick, Registered Apprentice No. 455, working under my personal supervision.

Signed Mamie Bupleng hff

Licensed Embalmer No. 3242

P. O. Address Chaffee, 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.