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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33155

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3995

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: St. Joseph Hospital (If not in hospital or institution, write street number or location)

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

In this community 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (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 Robert James WESCOTT

3. (b) If veteran, name war no

3. (c) Social Security No. unknown

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Goldie Wescott

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased June (Month) 23, (Day) 1903 (Year)

8. AGE: Years 45 Months 3 Days 7 If less than one day hr. min.

9. Birthplace Lagonda, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Photographer

11. Industry or business Self

FATHER 12. Name Wm. M. Wescott

FATHER 13. Birthplace ---- (City, town, or county) Missouri (State or foreign country)

MOTHER 14. Maiden name Josephine White

MOTHER 15. Birthplace ---- (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Goldie Wescott

(b) Address 1205 N. 13th St., St. Joseph, I

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-1-48 (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph, Mo.

18. (a) Signature of funeral director Mellody-McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 10-1-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30th year 1948 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw the deceased alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Frontal Lobe Astrocytoma malignant

Due to

Due to Cavernous Hemangioma Mitral Apple

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Cranial (Craniectomy Lesion) Pituitary (Pituitary)

Of autopsy

Duration

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

23. Signature Russell W. Kerr (M. D. or other)

Address St. Joseph, Missouri Date signed Oct 4 48

(Licensed Embalmer's Statement on Reverse Side)

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, M

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.