

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

14352
Do not use this space.

MAY 13 1940

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Township St. Joseph or 3 Primary Registration District No. 1001 Registered No. 443
 (c) City St. Joseph (d) Street No. State Hospital # 2 St.
 (If death occurred in Hospital or institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. 5 mos. 4 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Wesley
 (a) Residence, No. State Hospital # 20 St. Platte Co. Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word) not known

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
65 9 7

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Comm. laborer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

FATHER
 13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT: Cs. Clark - Platte Co. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE State Hospital # 2 DATE Apr. 19 1940

19. FUNERAL DIRECTOR (NAME) Clark Mortuary (ADDRESS) St. Joseph Mo.

20. FILED 4/19/40 A. J. Westberg (Address) St. Joseph
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 16 1940

22. I HEREBY CERTIFY that I attended deceased from Oct. 12 1939 to Apr. 16 1940
 I last saw him alive on Apr. 16 1940. Death is said to have occurred on the date stated above, at 3 P. M.
 The principal cause of death and related causes of importance were as follows:
Arteriosclerosis with hypertension Date of onset 10/11/39
broncho pneumonia 4/16/40

Other contributory causes of importance:
none Name of operation none Date of _____
 What test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) A. J. Westberg M. D.
St. Joseph (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 not.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Earl A. Clark.....

Licensed Embalmer No. 3476.....

P. O. Address St Joseph Pa.....

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, above space should be left blank.