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

FILED JUL 2 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23019

Registration District No. 65 Primary Registration District No. 6092 Registrar's No. 2

1. PLACE OF DEATH:
(a) County: WAYNE
(b) City or town: PATTERSON (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 years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: WAYNE
(c) City or town: PATTERSON (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: OLLIE M WESTMORELAND
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: FEMALE
5. Color or race: White
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: WILLIARD Westmoreland
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: December (Month) 24 (Day) 1902 (Year)

8. AGE: Years 38 Months 2 Days 3 If less than one day hr. min.

9. Birthplace: PATTERSON (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: HOUSEWORK
11. Industry or business:
MOTHER FATHER
12. Name: George Welcox
13. Birthplace: PATTERSON (City, town, or county) MISSOURI (State or foreign country)
14. Maiden name: JANE Williams
15. Birthplace: PATTERSON (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant: WILLARD Westmoreland
(b) Address: PATTERSON
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: Feb 28 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: PATTERSON Cemetery
18. (a) Signature of funeral director: Norman R. Gish
(b) Address: Piedmont, Mo.
19. (a) April 8 (Date received local registrar) (b) Wm. T. M. Pell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27 year 1941 hour 2:00 minute P. M.
21. I hereby certify that I attended the deceased from 2-27-, 1941, to 2-27-, 1941, that I last saw h. alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — 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):
(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: H. E. Giles (M. D. or other) D
Address: Piedmont, Mo. Date signed:

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.