

1938 JAN 24 1938

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

42368
Do not use this space.

1. PLACE OF DEATH

(a) County BUCHANAN Registration District No. 85
 (b) Township WASHINGTON Primary Registration District No. 1001
 (c) City ST. JOSEPH, (d) Street No. MO. METH. HOSPITAL Registered No. 1248
 (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. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

ESTHER WEST
 (a) Residence, No. 2312 GOFF AVENUE, St.
 (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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF P. K. WEST,
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DECEMBER 27, 1903
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 11 15
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE
 9. Industry or business in which work was done, as saw mill, bank, etc. HOME
 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) GREENFIELD, MISSOURI

FATHER 13. NAME JAMES GRANT,
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DAID, MISSOURI

MOTHER 15. MAIDEN NAME ROBISON,
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DAID, MO.

17. INFORMANT (ADDRESS) P. K. WEST, 2312 GOFF AVE. ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE DEC. 14, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) FLEEMAN & SON INC. 1946 COLHOUN ST. JOSEPH, MO.

20. FILED 12/14 1938 H. S. Conrad Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1938 to Dec 12, 1938
 I last saw her alive on Dec 11, 1938 Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:
Failure left heart.
Dehydration
Chronic myocarditis
with out edema of extrinsic

Date of onset 12-11-38
12-11-38

Other contributory causes of importance:
Chronic myocarditis?
Systolic murmur
Recent acute bronchitis 10-21

Name of operation Date of
 What test confirmed diagnosis? 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
 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) H. S. Conrad, M. D.
 (Address) St. Joseph, Mo.

WRITE CAREFULLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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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, BY ME

....., or by

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

Signed

John E. Rupp

Licensed Embalmer No. 3986

P. O. Address 1946 Calhoun St. Joplin

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.