

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.

DEC 15 1939

STANDARD CERTIFICATE OF DEATH

State File No. 39937

Registration District No. 4/11

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper 1
(b) City or town Joplin
(c) Name of hospital or institution: St. Johns Hospital
(d) Length of stay: In hospital or institution 1 day
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 2201 Sergeant
(e) If foreign born, how long in U. S. A. ? years.

3. (a) PRINT FULL NAME Charles DANIEL West 230

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced --

6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased November 2, 1939
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 22 hr. min.

9. Birthplace Joplin Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation --- 0

11. Industry or business --- 0

12. Name Charles West 0

13. Birthplace Joplin Mo. 0

14. Maiden name Gay Endicott (City, town, or county) (State or foreign country)

15. Birthplace Kansas City Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Chas. West

(b) Address 2201 Sergeant, Joplin Mo.

17. (a) Burial (b) Date thereof 11-3-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Fairview Cem

18. (a) Signature of funeral director [Signature]

(b) Address Joplin Mo. 372

19. (a) 11-4-39 (b) [Signature]
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4
year 1939 hour 4 minute 20 M.

21. I hereby certify that I attended the deceased from 11-3-39 to 11-4-39; that I last saw him alive on 11-3-39 and that death occurred on the date and hour stated above.

Immediate cause of death: Cremation Birth about 7 mos. Duration

Due to 154
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature [Signature] (M. D. or other) Loveland
Address Joplin Mo Date signed

RECEIVED

District Health Officer No. 6,

District File Number 239-28174

Date Filed DEC 7 1939

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, above space should be left blank.