DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 20 1945

Registration District No. 328

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18514

Primary Registration District No. 3017

Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution: 2

(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 Mo (b) County Grundy

(c) City or town: Trenton (If outside city or town limits, write "RURAL")

(d) Street No. 1215 Mabel (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME IVAN O WEST 230

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 13 (Day) 1866 (Year)

8. AGE: Years 73 Months 6 Days 11 If less than one day hr. min.

9. Birthplace Lewis Co (City, town, or county) West Virg. (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business

FATHER 12. Name Alexander West

13. Birthplace Lewis Co (City, town, or county) West Virg (State or foreign country)

MOTHER 14. Maiden name Matilda Means

15. Birthplace Lewis Co (City, town, or county) West Virg (State or foreign country)

16. (a) Informant's own signature W. H. Lowell

(b) Address Trenton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 26 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Glaze Cemetery

18. (a) Signature of funeral director P R Payne Son

(b) Address Galt Mo.

19. (a) 2-26-40 (Date received local registrar) (b) Irene D Baur (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24 year 1940 hour 4:30 P.M. minute M.

21. I hereby certify that I attended the deceased from Feb. 20, 1940, to Feb 24, 1940, that I last saw him alive on Feb 24, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Brain hemorrhage	4 days
Due to: Arterio-sclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): JH	

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 C C Morton (M. D. or other) M.D.

Address Trenton Mo Date signed 2/25/40

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

50M-5-17-39
Rev. 5-17-39
1 X19511

RECEIVED
District Health Officer No. 11,
District File Number 640906
Date Filed JUN 12 1940

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 P K Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt Mo.

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.