

Cause of death in plain terms, so that it may be properly classified. Exact statement of occupation is very important.

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

17671  
 Do not use this space.

FILED JUN 17 1941

1. PLACE OF DEATH  
 (a) County Dallas Registration District No. 246  
 (b) Township Miller Primary Registration District No. 5340 Registered No. \_\_\_\_\_  
 (c) City Leadmine (d) Street No. 1 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Marion Oscar West  
 (a) Residence, No. R#1 Road St.  (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 (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elvie C. West  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 - 1897  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
50      10      10

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer  
 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 \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1941  
 22. I HEREBY CERTIFY, That I attended deceased from May 22, 1941, to May 25, 1941  
 I last saw him alive on May 24, 1941 Death is said to have occurred on the date stated above, at 11:00 P.M.  
 The principal cause of death and related causes of importance were as follows:  
jaundice of liver

Other contributory causes of importance:  
jaundice of liver

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? jaundice 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) D. G. Blawie M. D.  
 (Address) Yonkers Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas County Missouri  
 FATHER  
 13. NAME Jack West  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas County Missouri  
 MOTHER  
 15. MAIDEN NAME Felicia Minnie  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Mrs. Elvie West  
 (ADDRESS) R#1 Road, Mo  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE St. Paul DATE May 28, 1941  
 19. FUNERAL DIRECTOR Langhans & K...  
 (ADDRESS) St. Louis  
 20. FILED June 3, 1941 W.M. Stogsdill  
 Local Registrar.

JUL 8 1941

RECEIVED

District Health Officer No: 7,

District File Number 6-41-1032

Date Filed 6-16-41

STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Allen W. Vaughan*

Licensed Embalmer No. 4156

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply the above constitutes grounds for revocation of license.)