

No. 2
4-12-40
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AUG 11 1941

85

Primary Registration District No. 1001

State File No. _____

Registrar's No. 765

1. PLACE OF DEATH:

(a) County BUCHANAN
(b) City or town ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution STATE HOSPITAL No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 months
(Specify whether
In this community 2 years, months or days)

3. (a) PRINT FULL NAME Pearl West

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred West 6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased April 1 1886
(Month) (Day) (Year)

8. AGE: Years 55 Months 10 Days 27 If less than one day 11 hr. _____ min.

9. Birthplace Unknown (City, town, or county) ? (State or foreign country)

10. Usual occupation Barber

11. Industry or business _____

MOTHER FATHER
12. Name Unknown
13. Birthplace ? (City, town, or county) ? (State or foreign country)
14. Maiden name Unknown
15. Birthplace ? (City, town, or county) ? (State or foreign country)

16. (a) Informant Hospital Records

(b) Address St. Joseph

17. (a) Removal (b) Date thereof 7-28-41
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Mo

18. (a) Signature of funeral director W. H. Hays

(b) Address Bethany Mo

19. (a) 7-28-1941 (b) J. B. Hattelush
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 011
(c) City or town Kansas City 7
(If outside city or town limits, write "RURAL")
(d) Street No. 413 West 14th
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1941 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 1, 1941 to July 28, 1941;
that I last saw her alive on July 28, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Central Nervous System Syphilis

Duration 11 mos.
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Due to _____
Due to 2010
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature J. B. Hattelush (M. D. or other) Dr. M. D.
Address State Hospital No. 2 Date signed 7-28-41

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

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..... *NB Haas*

Licensed Embalmer No. *3899*

P. O. Address *Bithany M*

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.