

FILLED DEC 3 1941

State File No. _____

Registration District No. 589

Primary Registration District No. 4347-5787A-5787B Registrar's No. 5

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Bellflower Mo. Truman
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Bellflower
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17
year 1941 hour One minute 15 A. M.
21. I hereby certify that I attended the deceased from Sept 10,
1941, to Nov 17, 1941.
that I last saw him alive on Nov 17, 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Lobar pneumonia

Due to Cancer of stomach
(carcinoma)

Other conditions (Include pregnancy within 3 months of death)
H6 B

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Henry Clay West

3. (b) If veteran, name war None 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 Freda West 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased (Month) 11 (Day) 17 (Year) 1941

8. AGE: Years 44 Months 11 Days 6 If less than one day hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business General duties

12. Name Beverly Crump West

13. Birthplace Lincoln Co Mo. (City, town, or county) (State or foreign country)

14. Maiden name Anna Jane Baugh

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

16. (a) Informant Mrs Freda West

(b) Address Bellflower Mo R.F.D.

17. (a) Burial (b) Date thereof 11-18-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brush Creek Cemetery

18. (a) Signature of funeral director Clark A. Jones

(b) Address Bellflower Mo.

19. (a) Nov 21 1941 (b) Elizabeth Warner
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

Duration 24 hrs

6 mo.

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? _____

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

23. Signature W. J. Walls (M. D. or other) DO

Address Bellflower Mo. Date signed Nov 17 1941

MAY 19 1953

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.....

Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Olund L Jones

Licensed Embalmer No. 2978

P. O. Address Bellflower 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.