

FILED JUN 11 1942

State File No.

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 83

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

1. PLACE OF DEATH:

(a) County Andrain

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether)

In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Pinkie West

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive Sept. 11, 1863 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	8	16	hr. min.

9. Birthplace Mexico, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Retired Musician

11. Industry or business

MOTHER FATHER

12. Name J. J. West

13. Birthplace Va. (City, town, or county) (State or foreign country)

14. Maiden name Zelophia Hatton

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

16. (a) Informant Mr. J. C. Cox

(b) Address St. Louis, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/42 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Ursula Amundson

(b) Address Mexico, Missouri

19. (a) May-28-1942 (Date received local registrar) (b) Margaret H Mackie (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Andrain

(c) City or town E. Monroe, Mexico, Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 1002 E MONROE (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1942 hour 8 minute A M.

21. I hereby certify that I attended the deceased from May 24 1942 and that death occurred on the May 27 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Arteriosclerosis

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations g3a

Of autopsy

Duration

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) (c) Means of injury

23. Signature R. P. Van Thyn (Date or other) Do.

Address Mexico Mo Date signed 5-27-42

1674

RECEIVED

District Health Officer No. 10

District File Number 6-42-1240

Date Filed JUN - 9 1942

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 *Clarence A. ...*

Licensed Embalmer No. 3569

P. O. Address *Murice ...*

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.