

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

AUG 24 1943

Registration District No. 102 Primary Registration District No. 4-1-1 Registrar's No.

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Cardwell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community (Specify whether
years, months or days) 1 Day

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin
(c) City or town Arbyrd
(If outside city or town limits, write "RURAL")
(d) Street No. Buffalo Rural
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Janice Sue West
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 27th. 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 1 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name Elmer West

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

14. Maiden name Mary Lou West

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

16. (a) Informant Elmer West

(b) Address Arbyrd Missouri

17. (a) Burial (b) Date thereof 7-29-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lulu Cemetery

18. (a) Signature of funeral director Paradell Mitchell
(b) Address Paragould Arkansas

19. (a) Aug 9-43 (b) M G Moore
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from July 28
July 28, 19....., 19.....
that I last saw her alive on July 28, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Premature Infant born

Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death) 159

Major findings:
Of operations.....
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)
(e) Means of Injury.....

23. Signature W. H. English (M. D. or other)
Address Cardwell MO Date signed 7-30-43

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 843-1062

Date Filed 8-18-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.