

FILED APR 12 1944

State File No. _____

Registration District No. 79

Primary Registration District No. 4172

Registrar's No. 189

1. PLACE OF DEATH:

(a) County DeKalb
(b) City or town Stewartsville - Mo
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb
(c) City or town Stewartsville Mo -
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

James N. West

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ida West

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Nov. 4 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>3</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace Hillsboro, Highland Co, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Enos Madison West

13. Birthplace Not Known 9
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Bonham

15. Birthplace Not Known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs James West
(b) Address Stewartsville Mo

17. (a) Burial (b) Date thereof Nov - 2 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon Cemetery
St. J. Mon

18. (a) Signature of funeral director _____
(b) Address Stewartsville Mo

19. (a) Nov - 1 - 1944 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28th day Feb.
year 1944 hour 7 am minute _____ M.

21. I hereby certify that I attended the deceased from 2-24 1944 to 2-28 1944
that I last saw him alive on 2-28 1944
and that death occurred on the date and hour stated above

Immediate cause of death Coronary Arteriosclerosis - trouble - ischemic - for years - Large Pericardial
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) 61

Major findings: None
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? ✓
(Specify type of place) _____
While at work? ✓ (e) Means of injury ✓

23. Signature B. B. Annors M.D. (M. D. or other) _____
Address St. Joseph Mo Date signed 2/28/44

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

32
0
0

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 *F. G. Dixon*.....

Licensed Embalmer No. *952*.....

P. O. Address *Stewartville 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, fact should be so stated above.