S. No. 2
M—9-4-41
v. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10897

State File No.

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 54

5
2
2

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution: Presnell Hospital O (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 Dunklin 35

(c) City or town Kennett (If outside city or town limits, write "RURAL") 2

(d) Street No. 1½ mi. West (If rural, give location) 2

(e) Citizen of foreign country? No (Yes or No)

If yes, name country O

3. (a) PRINT FULL NAME Jennings West

3. (b) If veteran, name war

3. (c) Social Security No. 492-10-4866

4. Sex M

5. Color or race W

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

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

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Dec. (Month) 22 (Day) 1900 (Year)

8. AGE: Years 43 | Months 2 | Days 17 | If less than one day hr. min.

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

10. Usual occupation Mechanic

11. Industry or business

FATHER
12. Name William West
13. Birthplace (City, town, or county) Missouri O (State or foreign country)

MOTHER
14. Maiden name Henrietta Starns
15. Birthplace (City, town, or county) Missouri O (State or foreign country)

16. (a) Informant Reba West

(b) Address Kennett, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch-13-44 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge

18. (a) Signature of funeral director Paul Salmon

(b) Address Kennett, Mo.

19. (a) 3-15-44 (Date received local registrar) (b) Julius Blankenship (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th year 1944 hour 12 minute P. M.

21. I hereby certify that I attended the deceased from 3-8-44, 19, to 3-10-44, 19 that I last saw him alive on 3-10, 19 44 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary disease	1 mos.
Due to: Chronic nephritis	6 mos
Chirrosis of liver	6 mos.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

131

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 O

23. Signature G. R. Presnell, (M. D. or other) M.D.

Address Kennett, Missouri Date signed 3-14-44

901

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 444-482
Date Filed 4-6-44

MAR 15 1945

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 S. P. Salmon

Licensed Embalmer No. 2556-

P. O. Address Kennett, 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.