

No. 2
8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8912

State File No. _____

Registration District No. 93

Primary Registration District No. Rural Lockwood 5333

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Dale
(b) City or town Rural - Grant Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6 miles S.W. Lockwood
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dale
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 6 miles S.W. of Lockwood
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME ERA ELIZABETH WEST

3. (b) If veteran, name war No 3. (c) Social Security No. No

20. DATE OF DEATH: Month March day 16
year 1946 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb
1946, to March 16, 1946
that I last saw her alive on March 16, 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Walter E. West 6. (c) Age of husband or wife if alive, years
7. Birth date of deceased September 28, 1875
(Month) (Day) (Year)

Immediate cause of death
Myocarditis
Due to Chronic
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy 93A

8. AGE: Years 70 Months 5 Days 16 If less than one day hr. _____ min. _____

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

10. Usual occupation Home

11. Industry or business Home

12. Name James T. Arbogast
13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Dobb
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Walter E. West
(b) Address R.F.D. Lockwood, Mo.

17. (a) Burial (b) Date thereof 3-18-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lockwood, Mo.

18. (a) Signature of funeral director Sam E. Sweeney
(b) Address Greenfield, Mo.

19. (a) 3-21-46 (b) Jack W. ...
(Date received local registrar) (Registrar's signature)

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 P
23. Signature James Arbogast (M. D. or other) _____
Address Lockwood Date signed 3-17-46

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

700

7841

79

(Licensed Embalmer's Statement on Reverse Side)

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..... *Sam E. Seneaney Jr.*.....

Licensed Embalmer No..... *4099*.....

P. O. Address..... *Greenfield, 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.