

FILED APR 24 1946

State File No. _____

Registration District No. 128

Primary Registration District No. 2.000

Registrar's No. 302

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
715 N. MAIN ST. 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 5 MO.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County LACLEDE
(c) City or town LEBANON
(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 LAURA BELL WEST

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife W.M. WEST 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased SEPT. 8, 1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 26 If less than one day
hr. _____ min. _____

9. Birthplace LACLEDE CO. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

MOTHER FATHER
12. Name JOHN HEETON
13. Birthplace UNK. MO.
(City, town, or county) (State or foreign country)
14. Maiden name NOT KNOWN
15. Birthplace UNK. UNK.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jess Beach
(b) Address Lebanon, Mo.

17. (a) Burial (b) Date thereof 4-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEBANON, MO.

18. (a) Signature of funeral director PALMER'S

(b) Address LEBANON, MO.

19. (a) 4-5-46 (b) B W Haudley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR. day 4
year 1946 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from
Jan. 1, 1946 to Apr. 4, 1946;
that I last saw her alive on Jan. 30, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death
Arteriosclerotic Heart Disease

Duration
2 yrs.

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 H. A. Hamilton (M. D. or other)
Address Lebanon, Mo. Date signed 4-5-46

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

1170

111

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..... *R. Palmer*

Licensed Embalmer No. *1161*

P. O. Address..... *Lebanon 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.

X