

FILED MAY 1 1946

Registration District No. **1**

Primary Registration District No. **5459**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Greene**
(b) City or town **Bois D'Arc**
(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 **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Greene** **39**
(c) City or town **Bois D'Arc**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. _____ (If rural, give location) **0**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Sarah Jane 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 12 1863**
(Month) (Day) (Year)

8. AGE: Years **82** Months **8** Days **22** If less than one day hr. _____ min. _____

9. Birthplace **Greene Co Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeping**

11. Industry or business _____

12. Name **James H. West**

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

14. Maiden name **Harriet Eliza Bragg**

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

16. (a) Informant **Amanda Ann West**

(b) Address **Bois D'Arc Mo**

17. (a) **Burial** (b) Date thereof **April 6 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Prospect Cemetery**

18. (a) Signature of funeral director **AW Birch**

(b) Address **Bois D'Arc, Mo**

19. (a) **April 5-46** (b) **Jewell Williams**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **4**
year **1946** hour **4** minute **15** P.M.

21. I hereby certify that I attended the deceased from **3-20-46**
19**46** to **4-4-46** 19**46**
that I last saw her alive on **4-3-46** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart Failure**
Due to **Chronic Bronchitis**
Due to _____

Other conditions **106X**
(Include pregnancy within 3 months of death)

Major findings: **Heart Symptoms**
Of operations _____
Of autopsy **None**

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 **F. Windle** (M.D. or other) **MD**
Address **Bois D'Arc** Date signed **4/5/46**

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

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

MOTHER FATHER

107

RECEIVED

Greene County Health Office,

County File Number 46-5-57

Date Filed 5-10-46

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 J. W. Birch
Licensed Embalmer No. 3856

P. O. Address Ash Grove 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.