

Registration District No. 386

Primary Registration District No. 5-199

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton R.F.D.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Van Horn Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll
(c) City or town Carrollton "Rural"
(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 JOHN H. WEST

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nellie Marie Math 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Aug. 10 1891
(Month) (Day) (Year)

8. AGE: Years 55 Months 3 Days 21 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER
12. Name Samuel West
13. Birthplace Ray Co. Mo
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Brecht
15. Birthplace Ray Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs John H. West

(b) Address Carrollton, Mo R.F.D.

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

(c) Place: burial or cremation Oak Hill

18. (c) Signature of funeral director Stanley Wilson

(b) Address Carrollton, Mo

19. (a) 11-17-46 (b) Emmie Street
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15
year 1946 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept. 1 1946 to Nov. 14 1946
that I last saw him alive on Nov. 14 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration 3 Mo.
Due to Coronary emboli. ?
Due to _____

Other conditions (including pregnancy within 3 months of death) Hard work
Major findings: 94
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:

(c) 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?

(c) Signature P. Hamilton (Specify type of place) _____
(d) Address Carrollton, Mo (e) Date signed Nov 16
Date signed _____

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-2-46

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address. Carrollton, Ga.

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.