

FILED DEC 17 1946

Registration District No. 5

Primary Registration District No. 5221

Registrar's No. 179

1. PLACE OF DEATH:

(a) County Cass County
 (b) City or town RR #1
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Four months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 4 1/2 mi. S. E. of Garden City
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ethel M. West

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

4. Sex Fe / 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leo West 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased March 21, 1903
(Month) (Day) (Year)

8. AGE: Years 43 Months 7 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Horace Lacy

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

14. Maiden name Naomi McSpadden

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

16. (a) Informant Leo M. West
 (b) Address Creighton mo R.R. #1

17. (a) Burial (b) Date thereof Nov. 5, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garden City Cemetery

18. (a) Signature of funeral director J. M. Kauffman
 (b) Address Garden City Missouri

19. (a) 12-12-1946 (b) Paula S. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2nd
 year 1946 hour 8:30 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 2
1946, to Nov 2 1946
 that I last saw h. ex alive on Nov 2 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death. Cardiac
Hypostatic Pneumonia
Failure
 Due to Cardiac Failure

Due to Regulation

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 132
 Of autopsy _____

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) _____
 (b) Means of injury _____

23. Signature R. H. ... (M. D. or other) MD
 Address Garden City Date signed 10/2/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

38732

DEC 20 1948

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, ~~only~~.....

....., Registered Apprentice No.

working under my personal supervision.

Signed A. Ruth Kauffman

Licensed Embalmer No. 4001

P. O. Address Garden City, 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.