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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 2 1947

Registration District No. 72

Primary Registration District No. 4289

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Clay

(b) City or town N.K.C., Mo. RR#3 Parkville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Home, on Old Pike Rd., North of
(If not in hospital or institution, write street number or location)

(d) Length of stay: 40 years
In hospital or institution. (Specify whether years, months or days)

In this community 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town N.K.C., RR#3 Parkville
(If outside city or town limits, write "RURAL")

(d) Street No. None
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country None

3. (a) PRINT FULL NAME ORA WEST

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13 year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from April 13, 1947 to April 13, 1947; that I last saw her alive on April 13-11.40 P.M. 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Chris L. West

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased: Sept. 20 1883
(Month) (Day) (Year)

Due to hypertension years

Due to arterio sclerosis years

Other conditions (Include pregnancy within 3 months of death)

Major findings: 83A

Of operations _____

Of autopsy _____

8. AGE: Years Months Days If less than one day

63 6 13 Yr. X min.

9. Birthplace Knoxville Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Sam Hendee

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

14. Maiden name Unknown

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

16. (a) Informant Chris L. West

(b) Address RR#3 Parkville, Mo

17. (a) Burial (b) Date thereof 4/16/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation German Cem., Brenner Ridge Clay County

18. (a) Signature of funeral director Morton Smith
(Specify type of place) (b) Means of injury

(b) Address 832 Armour Rd. N.K.C., Mo

19. (a) Apr 16-47 (b) Beulah Kitcher
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature Carl P. Neal (M. D. initials)
Address 169 Centerville N.K.C. Date signed Apr 15/47

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

24
00

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-1-47

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 _____

Edward L. Fleming, Registered Apprentice No. 447
working under my personal supervision.

Signed _____

Licensed Embalmer No. 3928

P. O. Address N.K.C., 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.