

FILED APR 17 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. 3016

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Marys Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 hrs.  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller  
(c) City or town Eldon (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. Saline Township  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

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3. (a) PRINT FULL NAME Alvora West

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Elinore J. West 6. (c) Age of husband or wife if alive 4 years  
7. Birth date of deceased August 13 1879  
(Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Fall Creek Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farm Laborer.

11. Industry or business \_\_\_\_\_

12. Name George Washington West  
13. Birthplace Ill.  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Howard Wells  
(b) Address 1709 Price Ave, Oakwood, Mo.

17. (a) Removal (b) Date thereof 4-5-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hannibal, Missouri

18. (a) Signature of funeral director Janis D. Phillips  
(b) Address Eldon, Missouri

19. (a) 4-5-47 (b) R. P. Harris MD  
(Date received in registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5  
year 1947 hour 10 minute 15P M.

21. I hereby certify that I attended the deceased from April 5  
1947 to April 5 1947  
that I last saw him alive on April 5 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death General peritonitis

Due to Perforated diverticulum of bladder

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy 123

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 Leonard Ayles (M. D. or other) MD  
Address Jefferson City Date signed 4-7-47

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

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

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MA D. Phillips

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RECEIVED  
District Health Officer No. 9  
District File Number  
Date Filed APR 21 1947

MAY 12 1947

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.....  
Louis D. Phillips, Registered Apprentice No.....  
working under my personal supervision.

Signed *Louis D. Phillips*  
Licensed Embalmer No. 3663  
P. O. Address Eldon

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, above space should be left blank.