

Registration District No. **27** Primary Registration District No. **4033**

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

**1. PLACE OF DEATH:**  
 (a) County **Bates**  
 (b) City or town **Amoret**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 hr**  
 In this community **20 years**  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Mo** (b) County **Bates**  
 (c) City or town **Amoret**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_  
(Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Curtis Edward West**  
 3. (b) If veteran, name war **no**  
 3. (c) Social Security No. **none**

4. Sex **male** 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 **8** years  
 7. Birth date of deceased **Sept.** **1947**  
(Month) (Day) (Year)

**8. AGE:**  
 Years **0** Months **0** Days **0**  
 If less than one day **2** hr. **30** min.

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

**10. Usual occupation** **AT HOME**

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

**MOTHER, FATHER**  
 { **12. Name** **Virgil Ray West**  
**13. Birthplace** **Amoret Mo**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Hazel Lucille Jackson**  
**15. Birthplace** **Amsterdam Missouri**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Virgil West**  
**(b) Address** **Amoret Missouri**

**17. (a)** **Burial** **(b) Date thereof** **9-8-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

**18. (a) Signature of funeral director:** **Archer & Mangold**  
**(b) Address:** **Amoret, Mo.**

**19. (a)** **Sept. 11-47** **(b) Kendall Hirshey**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **September** day **7th**  
 year **1947** hour **6:30 pm.** minute \_\_\_\_\_ M.

**21. I hereby certify that I attended the deceased from \_\_\_\_\_ On**  
**September 7, 1947**, 19\_\_\_\_;  
 that I last saw him alive on **September 7, 1947**, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Conjugal Regurgitation**  
 Duration **1 1/2 hrs.**

Due to **Premature Birth (About six months)**

Due to \_\_\_\_\_

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

**PHYSICIAN**  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**159**  
 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?  
 While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

**23. Signature** **D. V. Schubert** **D.O.**  
**Amoret, Missouri** Date signed **Sept 8 1947**

RECEIVED  
District Health Officer No. 7,  
District #10-1993  
Date filed 9-19-47

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.....

Not Embalmed....., Registered Apprentice No.....  
working under my personal supervision.

Signed L. G. Mangold  
Licensed Embalmer No. 3610

P. O. Address Amsterdam 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.