

FILED DEC 26 1947  
Registration District No. **3576**

Primary Registration District No. **4521**

Registrar's No. **199**

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

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Houston  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pring  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community most of life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County Texas

(c) City or town Houston  
(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 IDA JANE WEST

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30 year 1947 hour 4:30 minute A.M.

4. Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Joseph Mason 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Mar. 28 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-10 1947, to 11-30 1947, that I last saw her alive on 11-30 1947 and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 8 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Heart failure (Cardiac compensation) Duration 3.5 yrs

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

Due to arteriosclerotic heart disease

Due to old age

10. Usual occupation Housewife

Other conditions Fracture Rt hip  
(Include pregnancy within 3 months of death)

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

Major findings: Of operations 10/10

12. Name Nansana Blankenship

Of autopsy 14

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

14. Maiden name Mary Jane Russell

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

16. (a) Informant Mrs. Ethel Casley

(b) Address Houston, Mo.

17. (a) Burial (b) Date thereof 12/2/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home

18. (a) Signature of funeral director Rayford V. Elliott

(b) Address Houston, Mo.

19. (a) Dec 3, 1947 (b) Myrtle Craig  
(Date received by Registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 107

(b) Date of occurrence 11-6-47

(c) Where did injury occur? Houston Texas  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? no (Specify type of place) (e) Means of injury slipped fall

23. Signature R. T. Hersh (M. D. or other) M. D.

Address Houston, Mo. Date signed 12-1-47

Dist. No. 57  
District File No. 124731  
Date Filed 12-24-47

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.**