

No. 2
12-45
17-39
X47070

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

FILED FEB 9 1948

Registration District No. _____ Primary Registration District No. 1000 Registrar's No. 132

1. PLACE OF DEATH:

(a) County BUCHANAN

(b) City or town ST. JOSEPH

(c) Name of hospital or institution: Mo. METHODIST. Hosp. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days

In this community 6 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DEKALB 32

(c) City or town MAYSVILLE (RURAL) U
(If outside city or town limits, write "RURAL")

(d) Street No. rural route
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 1
days _____ If yes, name country _____

3. (a) PRINT FULL NAME RUBY OPAL WEST

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

6. (a) ~~Single~~ MARRIED

6. (b) Name of husband or wife CECIL WEST

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased SEPT. 21 1918
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>29</u>	<u>4</u>	<u>10</u>	hr. _____ min. _____

9. Birthplace STEWARTSVILLE Mo (RFD)
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER } 12. Name PHILIP SCHWEEDLER

13. Birthplace DEKALB Co. Mo
(City, town, or county) (State or foreign country)

14. Maiden name SALLY H. LIND

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

16. (a) Informant Cecil West

(b) Address MAYSVILLE Mo

17. (a) REMOVAL (b) Date thereof 1/31/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation UNION CHAPEL

18. (a) Signature of undertaker or prep. LUNCHEON FUNERAL HOME

(b) Address MAYSVILLE Mo

19. (a) 2-3-48 (b) E. B. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jun day 31
year 1948 hour 12 minute 45 P M.

21. I hereby certify that I attended the deceased from 12-27
1947, to 1-31 1948
that I last saw her alive on 1-31 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic
glomerulonephritis

Duration 8 yrs.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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? _____

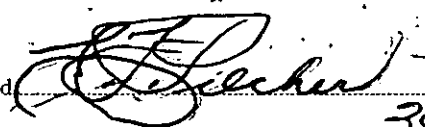
While at work? _____ (Specify type of place) _____
Means of injury _____

23. Signature Harold J. B. ... (M. D. or other) _____
Address St Joseph, Mo Date signed 2-2-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{will be} was embalmed by me, or by:.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed



Licensed Embalmer No.

3960

V.O. Address

Wayville 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.