

FILED APR 19 1948

Registration District No. 372

Primary Registration District No. 6263

Registrar's No. 7

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

1. PLACE OF DEATH: Webster

(a) County: Webster

(b) City or town: Seymour RT 4
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural Finley T. W. N. !
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Webster 112

(c) City or town: Seymour Mo Rt 4
(If outside city or town limits, write "RURAL")

(d) Street No.: Rural Finley T. W. N.
(If rural, give location)

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

3. (a) PRINT FULL NAME: UNA Clementine West

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

4. Sex: F 5. Color or race: W 6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Daniel S. West 6. (c) Age of husband or wife if alive: 76 years

7. Birth date of deceased: March 30 1879
(Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace: _____ (City, town, or county) Kansas 1 (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: _____

MOTHER FATHER

12. Name: James Dickerson

13. Birthplace: unknown 9 (City, town, or county) (State or foreign country)

14. Maiden name: Virginia Francis Schreiner

15. Birthplace: unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Stone West (b) Address: Seymour Mo Rt 4

17. (a) Burial (b) Date thereof: 3-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Silver Cemetery

18. (a) Signature of funeral director: Kelley, Farnell, Bergman

(b) Address: Seymour Mo

19. (a) Mar 27-48 (b) Gilbert Jones
(Date received of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 28 year: 1948 hour: 7 minute: 30 P.M.

21. I hereby certify that I attended the deceased from April 10, 1944, to March 20, 1948, that I last saw him alive on March 20, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Degeneration 3 yrs

Due to: Adenoma of Thyroid 7 yrs

Due to: _____

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

Major findings: Of operations: 630

Of autopsy: _____

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) (e) Means of injury _____

23. Signature: J. R. Kelle (M. D. or other) 2 DO. Address: Seymour Mo Date signed: 3/24/48

RECEIVED

District Health Officer No. 6,

District File Number 448-484

Date Filed MAR 15 1948

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 H. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland, 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.