

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35394

State File No. \_\_\_\_\_

FILED OCT 28 1948

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 168

1. PLACE OF DEATH:

(a) County VERNON

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

(c) Name of hospital or institution:  
Sunderwirth Rest Home, No. Cedar  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 MONTHS  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BATES

(c) City or town SPRUE, MO  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ESTHER 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 2

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

7. Birth date of deceased OCTOBER 15 1870  
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Bates Co. Mo \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

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

MOTHER FATHER { 12. Name Oliver Raines \_\_\_\_\_

13. Birthplace Ohio \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth \_\_\_\_\_

15. Birthplace Waverly \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Rolie Jones

(b) Address Butler Mo

17. (a) BURIAL (b) Date thereof 10-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director J. G. UNDERWOOD

(b) Address BUTLER, MISSOURI

19. (a) 10-18-48 (b) Walter Vancey  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, day 14 year 1948 hour 8 minute 0 P. M.

21. I hereby certify that I attended the deceased from DN 14 Oct 1948 to 1948, that I last saw her alive on Oct 14 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Asthma  
Myocardial Failure

Duration  
1 day  
4 hrs

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

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

Other conditions Generalized Arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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 Walter Vancey (M. D. or other) MD

Address Waverly, Missouri Date signed 10-18-48

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

RECEIVED

District Health Officer No. 7,

District File Number 9-48-1255

Date Filed 10-27-48

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.....

Amace K. Hill, Registered Apprentice No. 296  
working under my personal supervision. Robert G. Steinbeck 200

Signed John H. Inderswood

Licensed Embalmer No. 3585

P. O. Address Butler, 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.