

FILED MAR 10 1949

STANDARD CERTIFICATE OF DEATH

State File No.

4439

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>31</u>			
1. PLACE OF DEATH a. COUNTY <u>JUNKLIN-</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JUNKLIN</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KENNETT</u>		c. LENGTH OF STAY (in this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KENNETT-</u>		d. STREET ADDRESS (If rural, give location) <u>WATSON-Addition</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PRESNELL HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>WATSON-Addition</u>					
3. NAME OF DECEASED (Type or Print) <u>MILIREN FAYREL WEST</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 26-1949</u>						
5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan-26-1915</u>			
9. AGE (In years last birthday) <u>34</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>RIENMONTH, MO-0</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>JAMES W. FARRAR</u>		13b. MOTHER'S MAIDEN NAME <u>HOZIE MAETUCKER</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME: <u>Frederick West - Kennett, Mo</u> ADDRESS _____					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Eucalium (Section)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH <u>IV</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>2-24</u> , 19 <u>49</u> , to <u>2-26</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-26</u> , 19 <u>49</u> , and that death occurred at <u>7:15 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>L. C. Wilson M.D.</u>				23b. ADDRESS <u>Kennett Mo.</u>		23c. DATE SIGNED <u>3-28-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/1-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo</u>			
DATE REC'D BY LOCAL REG. <u>3-1-1949</u>		REGISTRAR'S SIGNATURE <u>Carl Husband</u>		901 25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Salaman</u>		ADDRESS <u>KENNETT, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

RECEIVED

District Health Office No. 2

District File Number 249-361

Date Filed 3-7-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Donald R. Moon

Licensed Embalmer No. 4636

P. O. Address Bennett, 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.