

S. No. 2  
-1-4-41  
5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10533

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

FILED APR 21 1941

Registration District No. 258

Primary Registration District No. 5860A

Registrar's No. 2

1. PLACE OF DEATH

(a) County DeKalb

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

(c) Name of hospital or institution:  
Stewartsville, Mo. 1  
(If not in hospital or institution, write street number or location)

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

In this community 1 Month 27 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County De Kalb 32

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

(d) Street No. 2 mi north east of Clarkdale  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

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

3. (a) PRINT FULL NAME Cecil Philip West

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased Feb 4 1941  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 1 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Stewartsville Mo 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

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

MOTHER FATHER { 12. Name Cecil A West

13. Birthplace Amity Mo 0  
(City, town, or county) (State or foreign country)

14. Maiden name Ruby Schumaker

15. Birthplace Stewartsville Mo 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Quentin Marks

(b) Address Stewartsville Mo

17. (a) Burial (b) Date thereof April 8 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Chapel

18. (a) Signature of funeral director [Signature]

(b) Address Stewartsville

19. (a) 4-1-1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31  
year 1941 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from 16 1941 to March 31 1941  
that I last saw him alive on March 30 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Malformation Heart

Due to Blue Baby

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

Other conditions (Include pregnancy within 9 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy NO

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? \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Union Stor Mo Date signed 4-7-41

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

**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.....

*F. G. Lyovii*

Licensed Embalmer No.....

*957*

P. O. Address.....

*Stewartville, 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.**