REC'D JUN 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17446
Do not use this space.

1848

1. PLACE OF DEATH

(a) County Jackson
(b) Township Kaw
(c) City K. C. Mo.
Registration District No. 399
Primary Registration District No. 1002
Registered No.
(d) Street No. Research Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME Frank W. West,

(a) Residence, No. 3509 E. 30th St. St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Merle West

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 29, 1881

7. AGE: YEARS 57 | MONTHS 7 | DAYS 1 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Engineer
9. Industry or business in which work was done, as saw mill, bank, etc.: City Ice Co.
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lawrence County Missouri

FATHER
13. NAME: G. W. West,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER
15. MAIDEN NAME: Ruth Paris,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas

17. INFORMANT (ADDRESS): Mrs. Merle West, 3509 E. 30th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Miller, Mo. DATE May 3, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): John W. Wagner Kansas City, Mo.

20. FILED May 2, 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-24-, 1939 to 4-30-, 1939
I last saw him alive on 4-30-, 1939. Death is said to have occurred on the date stated above, at 3 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Polycystic Kidneys	1933

132 a

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) L. G. Potter, M. D.
(Address) 724 Pry Bldg

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X14028

Dr. L. G. Potter,
Prof. Bg.,
VI 7321
10 30

OCT 3 1952

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.