

REC'D JUN 13 1939

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

18396
Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 197
(b) Township Gallatin Primary Registration District No. 5276 A Registered No. _____
(c) City North Kansas City, Mo. (d) Street No. 1217 E. 22 Ave. 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.

2. PRINT FULL NAME Ronald Wayne West

(a) Residence, No. 1217 E. 22, North Kansas City, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0

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

12. BIRTHPLACE (CITY OR TOWN) North Kansas City, Missouri
(STATE OR COUNTRY)

FATHER 13. NAME Floyd West
14. BIRTHPLACE (CITY OR TOWN) Kansas City, Kansas
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Grace Mooney
16. BIRTHPLACE (CITY OR TOWN) Meridon, Kansas
(STATE OR COUNTRY)

17. INFORMANT Mrs. Wm. McCall
(ADDRESS) North Kansas City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE German Cem. NKC DATE March 1, 1939

19. FUNERAL DIRECTOR (NAME) Morton Funeral Home
(ADDRESS) North Kansas City, Missouri

20. FILED 5-11-39 Viola C. Meyer Local Registrar. 197 (Address) North Kansas City, Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 27 1939 to Feb 27 1939
I last saw him alive on Feb 27 1939 Death is said

to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Stillborn
Date of onset _____
Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

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) Sam R. Stacey M. D.

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.

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,

Personally

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed

David L. Brown

Licensed Embalmer No. *3605*

P. O. Address *North KC, 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, above space should be left blank.

Person