

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

REV. 6-17-39 I 419311

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1464

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 449

1. PLACE OF DEATH:  
(a) County Jackson 2  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2314 Chestnut  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community At least 35 Years.  
years, months or days

8. (a) PRINT FULL NAME MARK I. WEST Z 30

3. (b) If veteran, name war No  
3. (c) Social Security No. None

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

6. (b) Name of husband or wife Anna West  
6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased May 17, 1874  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>8</u>	<u>12</u>	hr. min.

9. Birthplace New York, New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Laborer

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

12. Name No Record 9

13. Birthplace No Record 1

14. Maiden name No Record 7  
(City, town, or county) (State or foreign country)

15. Birthplace No Record 1  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Anna West

(b) Address 7314 Chestnut

17. (a) Burial (b) Date thereof 1-30-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director W. J. & John Co.

(b) Address R. C. Mas

19. (a) Jan. 30, 1940 (Registrar's signature) W. M. Crowe

(Date received local registrar) \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2314 Chestnut  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1, day 29, 1940  
year \_\_\_\_\_ hour 5:00 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Oct. 1939  
\_\_\_\_\_ 19\_\_\_\_ to Jan 29, 1940  
that I last saw him alive on Jan 29  
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza  
Duration \_\_\_\_\_

Due to §20

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

Other conditions cerebral thrombosis  
(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 J. R. Healy (M. D. or other) \_\_\_\_\_

Address 626 1/2 E. 1st Date signed \_\_\_\_\_

7/16

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**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.....

*Harold Perry*

Licensed Embalmer No. 4097

P. O. Address K.C., 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.**