No. 2
4-13-40
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FILED JAN 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

43323

State File No.

FILED JAN 21 1941

Registration District No. 1609

Primary Registration District No. 5808

Registrar's No. 144

73

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

1. PLACE OF DEATH:
(a) County Newton
(b) City or town 10 Miles South of Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 10 Mi. South of Joplin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 74 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton
(c) City or town 10 Miles South of Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. RURAL
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME Benjamin F. West

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary West

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased March 9, 1863 (Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 21 If less than one day hr. min.

9. Birthplace Newton County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business FARMING

FATHER
12. Name Christopher West
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Caroline Milligan
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant W W West
(b) Address Neosho Mo R#1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-3-40 (Month) (Day) (Year)
(c) Place: burial or cremation Hornet Cem

18. (a) Signature of funeral director Hurlbut Lund Co
(b) Address Joplin, Mo.

19. (a) 12-4-40 (Date received local registrar) (b) Orval R. Safe MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1 year 1940 hour 7 minute 15 p.M.

21. I hereby certify that I attended the deceased from Sept 5th, 1940, to Dec 1st, 1940; that I last saw him alive on Dec 1st, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Melano Carcinoma Left leg - Very extensive

Due to

Due to

Other conditions Syphilis
(Include pregnancy within 3 months of death)
aneurysm of aorta

Major findings:
Of operations none
Of autopsy none

Duration several years from History

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) no
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Melvin McCullough (M. D. or other) D.O.
Address SAV BK Bldg Neosho Date signed 12/4/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number
Date Filed

RECEIVED
District Health Officer No. 6,
District File Number 141-136
Date Filed JAN 15 1941

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 [signature]

Licensed Embalmer No. 959

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.