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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1941

Registration District No. 3119

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5958

Primary Registration District No. 1002

Registrar's No. 730

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution 3607 Flora / (If not in hospital or institution, write street number or location)

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

In this community 45 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 8

(d) Street No. 3607 Flora (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Chas. W. West

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Male

5. Color or race Wh.

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

6. (b) Name of husband or wife Nannie C. West

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased June (Month) 9 (Day) 1862 (Year)

8. AGE: Years 78 Months 8 Days 7 If less than one day hr. min.

9. Birthplace (City, town, or county) Ill. / (State or foreign country)

10. Usual occupation Retired Policman

11. Industry or business

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

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) a (State or foreign country)

16. (a) Informant Nannie C. West

(b) Address 3607 Flora Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-41 (Month) (Day) (Year)

(c) Place: burial or cremation Blue Springs

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood K.C.Mo.

19. (a) 2/18/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 17 year 1941 hour minute a M.

21. I hereby certify that I attended the deceased from Oct 1939, 19, to Feby 17, 1941 that I last saw him alive on Feby 16 - 1941, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 3 days

Due to Arteriosclerosis

Due to

Other conditions Chr. Myocarditis (Include pregnancy within 3 months of death)

Major findings: Of operations none 93

Of autopsy none

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Harry L. Lowe (M. D. or other)

Address Kansas City Mo. Date signed 2-17-41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Harry L. Jones Wright [illegible]
3919 Forest Lo. 1578

MAY 8 1953

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 Chas Wilks

Licensed Embalmer No. 1800

P. O. Address Linwood 18

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.