

No. 2
4-13-40
-17-39
K X25159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7844

State File No. _____

FILED MAR 25 1941

Registration District No. 278

Primary Registration District No. 5904

Registrar's No. _____

1. PLACE OF DEATH: Phelps
 (a) County
 (b) City or town: St James
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME: Augusta West
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex: Female
 5. Color or race: white
 6. (a) Single, widowed, married, divorced: Unmarried
 6. (b) Name of husband or wife: Lige West
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: 12 7 1877
 (Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 21 If less than one day 6 hr. 30 min.

9. Birthplace: Roscoe CO 17220
 (City, town, or county) (State or foreign country)

10. Usual occupation: House wife

11. Industry or business _____

12. Name: Fred Diestalkamp
 13. Birthplace: 4 Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name: Louise Rohmeyer
 15. Birthplace: Roscoe MO
 (City, town, or county) (State or foreign country)

16. (a) Informant: Georgia Diestalkamp
 (b) Address: St James mo

17. (a) Burial (b) Date thereof: 1 28 41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: High Gate

18. (a) Signature of funeral director: W. H. Schuler
 (b) Address: St James mo

19. (a) 2/28/41 (b) Elmer B. Hawk
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: MO (b) County: Phelps & I
 (c) City or town: Rural 0
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____
 (If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 28
 year: 1941 hour: 8 minute: P M.
 21. I hereby certify that I attended the deceased from Jan 21 1941 to Jan 28 1941;
 that I last saw her alive on Jan 28 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of thyroid 2 yrs
 Duration: 2 yrs
 Due to: 81
 Due to: 46

Other conditions: (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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?
 611 While at work? (Specify type of place) (e) Means of injury _____
 23. Signature: Willbourn H. Blaney (Date or other) _____
 Address: St James, MO Date signed: 2-1-41

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

RECEIVED

District Health Officer No. 5,

District File Number 341410

Date Filed _____

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 *Orville Lickhals*

Licensed Embalmer No. *35106*

P. O. Address *H. J. J. J. J.*

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, fact should be so stated above.