No. 2
4-13-40
5-17-39
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FILED APR 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9640

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1049

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
813 East 16th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 37 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 4 8

(a) State Missouri (b) County Jackson 3

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

(d) Street No. 613 East 16th Street 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Anna Behling West

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Willis Pearson West

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Nov. (Month) 28, (Day) 1865 (Year)

8. AGE: Years 75 ~~76~~ Months 3 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace Wisconsin (City, town, or county) 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Christin Behling
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)
14. Maiden name Coriline
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mr. Fletcher West
(b) Address 613 East 16th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 14 (Day) 41 (Year)
(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Weilert Funeral Home
(b) Address 2332 Monitor Place: K. C. Mo.

19. (a) 3-13-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ..... day 3-11-41
year ..... hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 8 45 P.
..... to ..... 19..;
that I last saw ..... alive on ..... 19..;
and that death occurred on the date and hour stated above.

Deputy Coroner

Immediate cause of death ..... Duration

Due to Chronic myocarditis

Due to 3 5 7

Other conditions
(Include pregnancy within 3 months of death)
Basal cell Ca of nose

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?
..... (Specify type of place)
While at work? ..... (c) Means of injury .....

23. Signature [signature] (M. D. or other)
Address K. C. Mo Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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 Blaine E. Weibert

Licensed Embalmer No. 4075

P. O. Address 2332 Monitor St

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.