

No. 2
-14-41
-17-39
K 226390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24324

FILED AUG 10 1941

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2863

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution two days
(Specify whether years, months or days)

In this community 0
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 042

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

(d) Street No. 1319 Bales
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lewis West

3. (b) If veteran, name war None

3. (c) Social Security 496-09-9351

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th
year 19 41 hour 6 minute 55 A. M.

21. I hereby certify that I attended the deceased from 7-26-41, 1941, to 7-28-41, 1941;
that I last saw him alive on 7-28-41, 1941,
and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race White

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

6. (b) Name of husband or wife Inez Gertrude

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June 25th 1884
(Month) (Day) (Year)

Immediate cause of death Terminal bilateral bronchopneumonia

Due to Chronic fibrous myocarditis

Due to 72 15

Other conditions (Include pregnancy within 3 months of death) 92 H

8. AGE: Years Months Days If less than one day

87 57 1 3 hr. min.

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

10. Usual occupation Retired Plumber

11. Industry or business

MOTHER FATHER

12. Name Chas. W. West

13. Birthplace Trenton N. Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Howell

15. Birthplace Trenton N. Y.
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations See above

Of autopsy See above

16. (a) Informant Inez Gertrude West

(b) Address 1319 Bales

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

17. (a) Burial (b) Date thereof July 30, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

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

(b) Address 0

23. Signature Arvey P. Thon (M. D. or other) 0

Address Med. Dir. K.C. Gen. Hospital, Ind. Bldg.

19. (a) July 28, 1941 (b) M. M. Crowe
(Date received local registrar's) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

over
covered
P

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.....

Licensed Embalmer No.....

P. O. Address.....

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.**