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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37679 9
State File No.
Registrar's No. 55

Registration District No. 2

Primary Registration District No. 205

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

1. PLACE OF DEATH:
(a) County Andrew
(b) City or town SAVANNAH
(c) Name of hospital or institution: 1
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrew
(c) City or town Savannah
(d) Street No. _____
(e) If foreign born, how long in U. S. A.? _____ years.

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 2 year 1941 hour 6:15 minute 4 M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 3-1864
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage
Due to Arteriosclerosis
Other conditions _____
Major findings: _____
Of operations _____
Of autopsy _____

8. AGE: Years 76 Months 11 Days 29 If less than one day _____ hr: _____ min.

9. Birthplace Clinton Co Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Robert Harland

13. Birthplace Wm. Keown
(City, town, or county) (State or foreign country)

14. Maiden name Mary Leonard

15. Birthplace Wm. Keown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara Ramsey

(b) Address Stanberry mo

17. (a) Burial (b) Date thereof 11-4-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Savannah

18. (a) Signature of funeral director E. G. Britt

(b) Address Savannah mo

19. (a) Nov 3-41 (b) Mrs. Jennie Rash
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature William L. Steedly (M. D. or other) MD
Address Savannah mo Date signed 11/2/41

MOTHER FATHER

Duration
?
?
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 *E. C. Breit*.....

Licensed Embalmer No. *2650*.....

P. O. Address *Savannah Ga*.....

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.