

FILED DEC 4 1941
1941

Registration District No. _____

Primary Registration District No. 3010

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

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: South-side Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Ethel Leona West

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Wm West 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 31 1895
(Month) (Day) (Year)

8. AGE: Years 46 Months 2 Days 8 hr. _____ min. _____
If less than one day

9. Birthplace Schuyler Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Gas W. Gilbert

12. Name Gas W. Gilbert

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

14. Maiden name Anna E. Epperson

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

16. (a) Informant Wm West
(b) Address Carrollton Mo.

17. (a) Burial (b) Date thereof 11-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Stanley
(b) Address Carrollton Mo.
19. (a) 11-12-41 (b) Wm Haskins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll
(c) City or town "Rural" Trotter 17
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 8
(e) Citizen of foreign country? _____ (Yes or No) No
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8
year 1941 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 29 1941
1941, to Nov 7 1941
that I last saw him alive on Nov 7 1941
and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of heart of aorta
Due to _____
Due to 9504

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

Major findings: Of operation greatly enlarged thyroid
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? _____

While at work? _____ (Specify type of place) (e) Means of injury 3
23. Signature W. Corneid (M. D. or other) Dr.
Address Carrollton Mo Date signed 11-10-41

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-3-41.....

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

Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, Mo

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.