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4-41
7-39
26390

DEC 18 1941

State File No.

Registration District No. 50 6

Primary Registration District No. 53 71

Registrar's No.

1. PLACE OF DEATH:

(a) County Linn

(b) City or town New Boston (Rural)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community 2 yrs. (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 58

(c) City or town New Boston (Rural)

(d) Street No. R.R. So. west of New Boston

(e) Citizen of foreign country?..... (Yes or No) J

If yes, name country.....

3. (a) PRINT FULL NAME MABEL HELEN WEST

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2 year 1941 hour 12 minute 35 A.M.

4. Sex F.M. 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased July 22, 1937 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7/23, 1937 to 11/2, 1941; that I last saw her alive on 9/10, 1941; and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|----------|----------|-----------|----------------------|
| | <u>4</u> | <u>3</u> | <u>10</u> | hr. min. |

Immediate cause of death Chr. Myocarditis

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

Due to Congenital stenosis of Pulmonary artery

10. Usual occupation none

MOTHER FATHER

11. Industry or business none

12. Name Curtis West

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

14. Maiden name Edna Frances Boush

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

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

Major findings: Of operations.....

Of autopsy.....

16. (a) Informant Curtis West (b) Address New Boston, Mo

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?.....

17. (a) Burial (b) Date thereof Nov 8 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem. Bucklin, Mo

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

18. (a) Signature of funeral director Richard Williams (b) Address Bucklin, Mo

19. (a) Nov 14 1941 (b) Richard Williams (Date received local registrar) (Registrar's signature)

23. Signature R. L. Spear (M. D. or other) M.D. Address Bucklin, Mo Date signed 11/2/41

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

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.....

C. A. Larson
Licensed Embalmer No. *4037*
P. O. Address..... *Bucklin, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.