DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5698

FILED MAR 9 1942

Registration District No. 299 Primary Registration District No. 1002 Registrar's No. 578

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: Lake Side Hospt. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Days (Specify whether

In this community 28 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

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

(d) Street No. 2610 E. 28th. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charlotte Alice West

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Fe.

5. Color or race Wh.

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

6. (b) Name of husband or wife Francis M. West

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Nov. (Month) 11 (Day) 1894 (Year)

8. AGE: Years	Months	Days	If less than one day
47	~~8~~ 2	25	hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Benj. Brown
13. Birthplace Lawrence Co. (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Margaret Dillon
15. Birthplace Lawrence Co. (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Francis M. West

(b) Address 2610 East 28th. K.C.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Febr. (Month) 10-42 (Day) (Year)

(c) Place: burial or cremation Palestine

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

(b) Address 1800 Linwood K.C.Mo.

19. (a) 2/9/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7 year 1942 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 26, 1942 to Feb 7, 1942 that I last saw her alive on Feb 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilation of Heart

Due to Autotoxicosis

Due to Intestinal Obstruction at Ascending Colon

Other conditions Chronic Colitis Fibrosis of Intestines - Non. malignant (Include pregnancy within 3 months of death)

Major findings: Of operations 1/28/42 132B

Of autopsy

Duration

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? (e) Means of injury

23. Signature H. J. McCrally (M. D. or other) D.O.

Address 500 Bryant Bldg K.C., Mo. Date signed 2-9-42

(Licensed Embalmer's Statement on Reverse Side)

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 Chas Wilks

Licensed Embalmer No. L6 44

P. O. Address 1800 Linwood

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.