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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 25 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Si. 1717 9948
State File No.

Registration District No. 377 — Primary Registration District No. 1002 — Registrar's No. 1334

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

48 3 8

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 Days (Specify whether years, months or days)
In this community: 25 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 048
(c) City or town: Kansas City Missouri 3 8
(If outside city or town limits, write "RURAL")
(d) Street No.: 2 West Missouri Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Mr James A. WEST
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive: --- years
7. Birth date of deceased: August (Month) 14 (Day) 1874 (Year)

8. AGE: Years 67 Months 7 Days 11 If less than one day hr. min.

9. Birthplace: Dallas Co (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Real Estate Business
11. Industry or business: Retired

FATHER
12. Name: Tom L. West
13. Birthplace: UnKnown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant: Tom West
(b) Address: Tunas Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Tunas, Mo.
18. (a) Signature of funeral director: Mellody-McGilley
(b) Address: Kansas City Missouri
19. (a) Apr 4 1942 (Date received by local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th year 1942 hour 6 minute 30 P. M.
21. I hereby certify that I attended the deceased from 3/21/42, 19..., to 3/25/42, 19...; that I last saw him alive on 3/25/42, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to: Chronic myocarditis	
Due to: Fibrous Endocarditis Chronic	
Other conditions: Edema of the lungs (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Rales over chest. 93 d
Of autopsy: as mentioned above

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: ✓ 0

23. Signature: H. H. Large (M. D. or other)
Address: 906 Grand ave Date signed: 3-28-42

(Licensed Embalmer's Statement on Reverse Side)

Lane 906 Grand

#563

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. 2955

P. O. Address KC

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.