DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 25 1942

Registration District No. 9

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9950

Primary Registration District No. 1002

Registrar's No. 1223

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: Children's Mercy Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 9 days (Specify whether years, months or days)
In this community: 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Dade
(c) City or town: Winston
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME: Richard West.
3. (b) If veteran, name war: —
3. (c) Social Security No.: none
4. Sex: Male O
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: June (Month) 1 (Day) 1928 (Year)

8. AGE: Years 13 | Months 10 | Days 2 | If less than one day: hr. min.

9. Birthplace: Cameron (City, town, or county) Mo (State or foreign country)
10. Usual occupation: none
11. Industry or business:
FATHER
12. Name: Harmon West.
13. Birthplace: DeKalb Co (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name: Florence West
15. Birthplace: Kansas (City, town, or county) (State or foreign country)
16. (a) Informant's own signature: Claud West - brother
(b) Address: 121 South Ash Fairmount
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 4-6-42 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: Christian Chapel
18. (a) Signature of funeral director: Mrs Kate Stroup DeKalb County
(b) Address: Winston, Mo
19. (a) 4/3/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 year 1942 hour 9 minute 10 P. M.
21. I hereby certify that I attended the deceased from 3-25, 1942, to 4-3, 1942, that I last saw him alive on 4-3-42, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Appendicitis	9 days
Due to: Peritonitis	5 days
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: Ruptured appendix	
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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Charles J. Eldridge (M. D. or ~~[illegible]~~)
Address: 6247 Brookside Blvd Date signed: 4-4-42

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REV. 5-17-39 1 X19311

APR 28 1942

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 O. A. Moore

Licensed Embalmer No. 1180

P. O. Address Cameron 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, above space should be left blank.