S. No. 2
—4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

13599

State File No.

Registration District No. 39 Primary Registration District No. 1002 Registrar's No. 1631

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: Municipal Auditorium, 13th & Wyandotte
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community about 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1718 Euclid
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME Fannie Frances West
3. (b) If veteran, name war
3. (c) Social Security No. none

4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife David M. West
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased September (Month) 11, (Day) 1882 (Year)

8. AGE: Years 59 Months 7 Days 10 If less than one day hr. min.

9. Birthplace Saulsbury, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name Robert Mott
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Emily Johnson
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant D. M. West
(b) Address 1718 Euclid Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 25, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetary
18. (a) Signature of funeral director Fannie L. Meek
(b) Address 1708 E. 18th Street
19. (a) 4-25-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 21 year 1942 hour 10:30 minute P. M.
21. I hereby certify that I attended the deceased from September 20th, 1941, to Apr. 21st, 1942, that I last saw her alive on Apr. 21st, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis and acute nephritis — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
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 Minor J. Holmes (M. D. or other)
Address 1611 A. E. 12th Date signed 4/25/42

(Licensed Embalmer's Statement on Reverse Side)

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 Fannie L. Meek

Licensed Embalmer No. 3818

P. O. Address 1708 E. 18th Street
K. C. 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.