

FILED MAY 12 1942

Registration District No.

Primary Registration District No. 1002

Registrar's No. 1562

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

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, institution, or other place where deceased was treated as inpatient by K.C. Gen. Hospital
(If not in hospital or institution, write street number or location)
3231 Prospect

(d) Length of stay: In hospital or institution Not bed pt. in Hosp.
(Specify whether in hospital or institution)

In this community 38 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL.")

(d) Street No. 3231 Prospect 8
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Willis Pearson West

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th
year 1942 hour 8:00 P.M. minute M.

21. I hereby certify that I attended the deceased from about Jan. 1st 1942, to April 17th 1942
that I last saw him alive on April 17th 1942, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Arteriosclerotic heart disease

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Anna B. West

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

7. Birth date of deceased August 15th 1859
(Month) (Day) (Year)

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy None

8. AGE: Years Months Days If less than one day

82	8	2 hr. min.
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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?..... (a) Means of injury D

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

10. Usual occupation Barber

11. Industry or business.....

12. Name Fletcher West

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

14. Maiden name Unknown

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

16. (a) Informant Mr. Fletcher West

(b) Address 824 1/2 East 12th St. K.C. Mo.

17. (a) Burial (b) Date thereof 4 20 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

23. Signature Gray R. Brown (M. D. or other) 4-20-1942
Address Med. Dir. K.C. Gen. Hospital Date signed.....

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

(b) Address 2332 Monitor Place; K.C. Mo.

19. (a) 4-20-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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.....

Blaine E. Wilcox

Licensed Embalmer No. *4075*

P. O. Address *2332 Monitor Place*

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.