

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 187

FILED JUN 11 1942 8
Registration District No. 1268

Primary Registration District No. 5889

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
one mile north of Sedalia on 65 highway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution thirty years. (Specify whether years, months or days)
In this community thirty years.

3. (a) PRINT FULL NAME William Z. West

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Alice West 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased January 23, 1885
(Month) (Day) (Year)

8. AGE: Years 57 Months 3 Days 27 If less than one day 0 hr. min.

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

10. Usual occupation Filling station operator

11. Industry or business

12. Name William West
13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name Rachel Lopp
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice West (wife)
(b) Address Route 4, Sedalia, Mo.

17. (a) burial (b) Date thereof May 24, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mr. Herman

18. (a) Signature of funeral director James Owen
(b) Address Sedalia, Mo.

19. (a) May 23, 1942 (b) Mrs. Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia (rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Route 4, one mile north of Sedalia on 65 highway.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1942 hour 3:50 minute P.M.

21. I hereby certify that I attended the deceased from 39 to May 20 1942
that I last saw him alive on May 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 36 hours

Due to Malignant Hypertension 1 year
Due to

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

Major findings: Of operations 13/10
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
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?

While at work? (Specify type of place) Means of injury 0

23. Signature A. L. Walter (M. D. or other) M.D.
Address Sedalia Mo Date signed 5-23-42

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

80
60
0

#P

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 6-10-42

Tr. Walker

SH 0-2 6-10-42
SH 6-10-42
and SE over record - in record
and 1 minute - 1st - 1st - 1st

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 *Duane Ewing*
Licensed Embalmer No. *3847*
P. O. Address *Indianapolis*

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.