

FILED NOV 11 1942
Registration District No. 02

Primary Registration District No. 5241

State File No.

Registrar's No. 71

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

1. PLACE OF DEATH: Cedar

(a) County Cedar

(b) City or town Rural - Madison Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: XX /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX (Specify whether years, months or days)

In this community XX (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 98

(a) State MO. (b) County Cedar

(c) City or town Rural - Madison Township 0
(If outside city or town limits, write "RURAL")

(d) Street No. XXX (If rural, give location)

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

If yes, name country X XXX 0

3. (a) PRINT FULL NAME: John Nelson West

3. (b) If veteran, name war: XX

3. (c) Social Security No. XXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 3
year 42 hour minute M.

21. I hereby certify that I attended the deceased from Feb 3 1942 to July 2 1942

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

6. (b) Name of husband or wife: Nora Jane West 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Feb. 17, 1876
(Month) (Day) (Year)

that I last saw him alive on July 2 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of prostate with metastasis 3 yrs. to intestines

8. AGE: Years 66 Months 7 Days 15 If less than one day X hr. X min.

Due to: to intestines

9. Birthplace: XXXXXXXXXXXXXXXX Ind. 1
(City, town, or county) (State or foreign country)

Due to: 5/18

10. Usual occupation: Farming

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

11. Industry or business: XX

Major findings: Of operations

12. Name: John West

Of autopsy

13. Birthplace: XXXXXXXX Ind. 1
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

14. Maiden name: Glibert

22. If death was due to external causes, fill in the following:

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

(a) Accident, suicide, or homicide (specify)

16. (a) Informant: Zola Barton

(b) Date of occurrence

(b) Address: Stockton, Missouri

(c) Where did injury occur? (City or town) (County) (State)

17. (a) Burial (b) Date thereof: 10-4-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(c) Place: burial or cremation: Lindley Prairie

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

18. (a) Signature of funeral director: W. C. Davis & Co.

23. Signature: Wm. B. Richter (M.D. or other)

(b) Address: Stockton, Missouri

Address: Stockton, Mo. Date signed: 10-20-42

19. (a) 10-31-42 (b) Mrs. Bethel Church
(Data received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 7,

District File Number 11-42-1167

Date Filed 11-6-42

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

Melvin Overton

Licensed Embalmer No. ~~3272~~ 3272

P. O. Address Stockton

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.