

Registration District No. 156

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County JASPER
(b) City or town STARLIN, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution FREEMAN HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 DAYS
(Specify whether years, months or days)
In this community 7 DAYS

3. (a) PRINT FULL NAME JAMES M. WEST

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced 4

6. (b) Name of husband or wife DECEASED 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 27, 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

12. Name William West

13. Birthplace Mo.
(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 Maudie Clark

(b) Address Picher Okla

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

(c) Place: burial or cremation Miami, Okla

18. (a) Signature of funeral director John Williams

(b) Address Picher Okla

19. (a) 10-23-42 (Date received local registrar) (b) Estelle Sudro (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State OKLAHOMA (b) County OTTAWA
(c) City or town PICHER
(If outside city or town limits, write "RURAL")
(d) Street No. 215 J. TREECE ST.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER Day 15 Year 1942 hour 12:35 minute _____ M.

21. I hereby certify that I attended the deceased from 8 1942 on Oct. 15 1942, that I last saw him alive on Oct 13 1942, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Wernia
Myocarditis
Pulstate

Due to _____

Due to _____

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

Major findings: Of operations 137a
Of autopsy _____

Duration

1 week

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 _____

23. 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)

23. Signature John Williams (M.D. or other) _____

Date signed Oct 27/42

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

MOTHER FATHER

49
52

999
34

2

1 week

137a

Oct 27/42

MAR 19 1947

921

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 Raymond E. Clark
Licensed Embalmer No. 726 - Okla
P. O. Address Picher Okla

NOV 24 1942

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.