

V. S. No. 2
FORM-5-42
Rev. 5-17-39
I X32873

36956

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 20 1942

Registration District No.

Primary Registration District No. 3016

Registrar's No. 254

26
5
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 311-12-12 Elm 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 mo. (Specify whether
In this community 4 mo. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Forest Robert Lee West

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

4. Sex Male 5. Color Wh race Wh 6. (a) Single, widowed, married, divorced child

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 13 years

7. Birth date of deceased July 4 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 14 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name John Leslie West

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

14. Maiden name Hollie Bryan

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

16. (a) Informant John Leslie West
(b) Address Parkview, Jans.

17. (a) Burial (b) Date thereof 11-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springview Cem.

18. (a) Signature of funeral director James Lewis
(b) Address 700 Jefferson

19. (a) 11-19-42 (b) Norma Richter
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18
year 1942 hour 2:40 minute A.M.

21. I hereby certify that I attended the deceased from Nov 13, 1942 to Nov 18, 1942
that I last saw him alive on Nov 18, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchi Pneumonias

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 107

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 Gas. A. Hill (M. D. or other) MD
Address Jefferson City, Mo Date signed 11-19-42

878

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.

*Body was not
embalmed.*

Signed..... *J. H. Anderson*

Licensed Embalmer No. *3641*

P. O. Address..... *Jeno.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.