

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED DEC 14 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38307
Do not use this space.

1. PLACE OF DEATH
 (a) County Stoddard Registration District No. 345
 (b) Township Essex Primary Registration District No. 654 Registered No. 103
 (c) City Essex (d) Street No. 1 St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ALVZ - WEST -
 (a) Residence, No. Essex, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>80</u>	<u>8</u>	<u>8-</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Timber Worker

9. Industry or business in which work was done, as saw mill, bank, etc. Timber Worker

10. Date deceased last worked at this occupation (month and year) 1929 11. Total time (years) spent in this occupation Out no.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co. Ind.

FATHER

13. NAME Zachariah West

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER

15. MAIDEN NAME Do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT (ADDRESS) Mrs. Lawrence West Essex, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Essex Cem. DATE 11-29-42

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Edwin Paul Ward Sikeston, Mo.

20. FILED Dec 3 1942 Howard Jones Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28, 1942

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3 - 42 1942, to Nov. 28 - 42 1942.
 I last saw him alive on Nov 27 1942. Death is said to have occurred on the date stated above, at 1:45 p. m.
 The principal cause of death and related causes of importance were as follows:
Cancer of Bladder Date of onset 19
52 hr 4
11

Other contributory causes of importance:

Name of operation None Date of _____
 What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 11-28-42
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) J. P. Brandon, M. D.
 (Address) Essex, Mo.

RECEIVED

District Health Office No. 2,

District File Number 1242-1683

Date Filed 12-11-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.