V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2607

State File No.

Registration District No. 155 Primary Registration District No. 4245 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 34 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Oronogo 0
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Paul E. West

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maud West

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

7. Birth date of deceased Oct (Month) 14 (Day) 1878 (Year)

8. AGE: Years 64 Months 3 Days 6 If less than one day hr. min.

9. Birthplace Odessa (City, town, or county) Russia (State or foreign country)

10. Usual occupation

11. Industry or business Former City Marshall

FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Maud West
(b) Address Oronogo, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Oronogo Cem

18. (a) Signature of funeral director Webb Co. Und Co.
(b) Address Webb Co. Mo.

19. (a) Jan. 22 1943 (Date received local registrar) (b) Mrs. Lillie Lagle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1943 hour 12 10 minute a M.

21. I hereby certify that I attended the deceased from August 31 1942
August 31, 1942, to Jan 20th, 1943
that I last saw him alive on Jan 19th, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Congestion — Duration 3 weeks.

Due to Silicosis Tuberculosis — ?

Due to Silicosis — ?

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

13 f

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 James H. Butler (M. D. or other) D.O.
Address Oronogo, Mo. Date signed Jan 20 '43

1190

(Licensed Embalmer's Statement on Reverse Side)

43-1-23

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 Myself,

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Neff City Mo.

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.