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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 302 Primary Registration District No. 6041 Registrar's No. 1451

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

1. PLACE OF DEATH:
(a) County Ripley
(b) City or town Rural - Thomas Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6 mi. So. of Naylor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 4 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Ripley 91
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 6 mi So. of Naylor
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary M. West
3. (b) If veteran, name war —
3. (c) Social Security No. no.
4. Sex female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Bill West
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 20, (Day) 1897 (Year)

8. AGE: Years 45 Months 6 Days 22 If less than one day hr. min.

9. Birthplace Rowchester (City, town, or county) Ind 1 (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name Harem Molencupp
13. Birthplace unknown (City, town, or county) Ark. 1 (State or foreign country)
MOTHER
14. Maiden name Nancy Kent
15. Birthplace Fulton Co. (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Geo Molencupp.
(b) Address Naylor, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-43 (Month) (Day) (Year)
(c) Place: burial or cremation Legatte Cem.
18. (a) Signature of funeral director Minnie Fish
(b) Address Naylor Mo.
19. (a) Apr 14-43 (Date received local registrar) (b) Bertha White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1743 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from April 15, 1942, to April 12, 1943 that I last saw her alive on Nov 20, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	
Due to —	
Due to —	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations no	
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 H E White (M. D. or other) MD
Address Naylor Mo Date signed 4/14/43

1217

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Registrar's Office No. 5,
District File Number 549304
Date Filed 5-6-43

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. L. C. McCord

Licensed Embalmer No. 4079

P. O. Address Naylor, 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.