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S. No. 2
M-542
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 7 1943

Registration District No. 104

Primary Registration District No. 3022

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution:
5 weeks-318 S. Holden
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community 40 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. 318 S. Holden
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME MARTHA ANN WEST

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Rev. C. W. West

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

7. Birth date of deceased July 27 1856
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>87</u>	<u>7</u>	<u>8</u>	hr. <u> </u> min. <u> </u>

9. Birthplace Eaton Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

12. Name Natton Whitlow

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

14. Maiden name Jane Kent Ester

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

16. (a) Informant Maud Baker

(b) Address Warrensburg Mo

17. (a) Burial (b) Date thereof Sept. 7, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knobnoster

18. (a) Signature of funeral director A. P. Keck

(b) Address Warrensburg Mo

19. (a) Sept 7 '43 (b) Leola M. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5
year 1943 hour 8 minute 30 PM

21. I hereby certify that I attended the deceased from July 16 1943 to Sept 5 1943
that I last saw her alive on Sept 4 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia
Duration 2 days

Due to senility

Due to admittedly open

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature O. H. Ammon M.D. (M. D. or other)

Address Warrensburg Mo Date signed 9-7-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER, FATHER

1001 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

10-6-43

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

George M. Callier

Licensed Embalmer No.

3839

P. O. Address

Independence, 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.