

Registration District No. 72

Primary Registration District No. 5289

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Clay
(b) City or town RR # 8 No Kan City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home - Galatris Sup
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24
(c) City or town RR # 8 North R.C. Mo
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. # 8 No KAN CITY Mo
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME THOMAS WILLIAM WEST

3. (b) If veteran, name war _____ 3. (c) Social Security No. 491-22-2793

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wainay West 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Mar 19 - 1888
(Month) (Day) (Year)

8. AGE: Years 55 Months 7 Days 9 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name William West
13. Birthplace Edgerlon Mo
(City, town, or county) (State or foreign country)
14. Maiden name Polly Anderson
15. Birthplace Harlem Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Wainay West
(b) Address No Kan City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 31-43
(Month) (Day) (Year)
(c) Place: burial or cremation Paradise Mo

18. (a) Signature of funeral director Morton Finere 74
(b) Address North Kan City Mo
19. (a) Oct 30-1943 (Date received local registrar) (b) Puth N. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28 24
year 1943 hour 5:30 minute P M.
21. I hereby certify that I attended the deceased from _____, 19____, to Oct 25 1943
that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Chronic Myocarditis
Due to Chronic Bronchitis
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy no

Duration _____
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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signatures: Wainay West (M. D. or other) _____
Address North Kan City Mo Date signed Oct 31 43

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

FILED NOV 12 1943 72

RECEIVED

District Health Officer No. 8,

Case File Number

Date Filed

17-11-43

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

John S. Marton

Licensed Embalmer No. 4349

P. O. Address No. 7 Van City

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.