

DEC 6 1943

Registration District No. _____

Primary Registration District No. 5291

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Clay
(b) City or town RURAL - Liberty township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Clay COUNTY HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community 19 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Mosby, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY MARGARET WEST

3. (b) If veteran, name war no 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 George West 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 25 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Eldora Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name John W. Thomas

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

14. Maiden name Mary Freeman

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

16. (a) Informant J. R. Ashcraft

(b) Address J. Mosby, Mo.

17. (a) Burial (b) Date thereof 11/13/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graves, Smithville Mo.

18. (a) Signature of funeral director Herbert Hoge

(b) Address Excelsior Springs, Mo.

19. (a) Nov. 1, 1943 (b) Debra Early
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14
year 1943 hour 1 minute 50 A.M.
21. I hereby certify that I attended the deceased from Nov. 28
28 1943 to Oct. 28 1943

that I last saw her alive on Oct. 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage
arteriosclerosis

Due to _____
Due to _____

Other conditions g3a!
(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) 0
(b) Date of occurrence 0
(c) Where did injury occur? 0
(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)
Means of injury _____

23. Signature SR M. Crater (M. D. or other) MD
Address Excelsior Springs Date signed 11/1/43

Duration

much

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Case Filed

12-3-43

FEB 3 1944

DEC 17 1943

JAN 29 1944

10-2-4

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 *Chas Virgil Hope*

Licensed Embalmer No. 3950

P. O. Address *Excelsior Springs*

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.