Registration of 34465-43

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38044

FILED NOV 17 1943

Registration District No. 72 — Primary Registration District No. 5289 — Registrar's No.

1. PLACE OF DEATH:

(a) County Clay

(b) City or town No K C Mo — (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home 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 30 years (years, months or days)

2. USUAL RESIDENCE OF DEACESED:

(a) State Mo (b) County Clay

(c) City or town NORTH KAN CITY MO (If outside city or town limits, write "RURAL")

(d) Street No. R.R. # 8 - NO KAN CITY (If rural, give location)

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

If yes, name country 0

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 IVA MAY WEST

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Mar (Month) — 19 (Day) — 1888 (Year)

8. AGE: Years 55 | Months 10 | Days 19 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Laborer

11. Industry or business Industrial

MOTHER FATHER

12. Name William West

13. Birthplace Edgerton (City, town, or county) — Mo (State or foreign country)

14. Maiden name Sally anderson

15. Birthplace Harlan (City, town, or county) — Ky. (State or foreign country)

16. (a) Informant Mrs Iva May West

(b) Address North K.C. 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 Funeral H

(b) Address North Kan City Mo

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28th year 1943 hour 530 minute P M.

21. I hereby certify that I attended the deceased from ..... 19 to ..... 19 ; that I last saw h alive on Oct 28 - 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis -	
Due to Chronic - Myocardosis.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ..... Fred Lobb
Of autopsy No - 0.3

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 0

23. Signature Dr Russell Hodge (M. D. or other)

Address No Kan City Mo Date signed 10-30-43

(Licensed Embalmer's Statement on Reverse Side)

1021

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

NOV 19 1948

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. Marlow

Licensed Embalmer No. 4349

P. O. Address Moab K C m

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

B
3
6930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Dec

Registration District No. 72 Primary Registration District No. ~~5272~~ 5289 Registrar's No. 87

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Rural ~~Platte~~ Twp.
(If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (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

3. (a) PRINT FULL NAME Thomas Wm West

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 19 (Day) 1888 (Year)

8. AGE: Years 55 Months 10 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director
(b) Address

19. (a) Oct 30-1943 (Date received local registrar) (b) Ruth N. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

I have talked with Mr. Morton, the undertaker, & he says Mr. West died in Gallatin Twp & not as you indicate in Platte Twp Ruth N. Henry

34465