

FILED NOV 24 1943
Registration District No. **267**

Primary Registration District No. **570/5901**

1. PLACE OF DEATH:

(a) County **Pemiscot**
(b) City or town **Hart, Mo**
(c) Name of hospital or institution: **1 Commercial Ins**
(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 (Specify whether _____)

3. (a) PRINT FULL NAME **Ruby Lanern West**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** Color or race **White** (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **10-22-38** (Month) (Day) (Year)

8. AGE: Years **5** Months **1** Days **26** If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name **Homer West**

13. Birthplace **Newport Ark** (City, town, or county) (State or foreign country)

14. Maiden name **Opula Swiss**

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

16. (a) Informant **James West**
(b) Address **Hart Mo R1**

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation **St. Marys**

18. (a) Signature of funeral director _____
(b) Address **Camptonsville Mo**

19. (a) **11-13-43** (Date received local registrar) (b) **George H. ...** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** County **Pemiscot**
(c) City or town **Hart Mo R1**
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **17** year **1943** hour **H** minute _____ P. M.

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

Immediate cause of death **Burned to death**
Due to **house caught on fire**
Due to _____

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) **Accident**
(b) Date of occurrence **Nov. 17, 1943**
(c) Where did injury occur **Pemiscot Mo** (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home**

While at work _____ (Specify type of place) (e) Means of injury **3**
23. Signature **July V. Moore** (M. D. or other) **Coroner**
Address **Hart Mo** Date signed **11/18/43**

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

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

1321

11-43-310

NOV 29 1943

DEC 9 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by

Registered Apprentice No. ⁵

working under my personal supervision.

Signed

H. J. Smith

Licensed Embalmer No. ³⁹⁰⁹

P. O. Address *Caruthersville*

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.

2B
13
36930

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12ec
Registrar's No. 68

Registration District No. 267 Primary Registration District No. (5901)

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

1. PLACE OF DEATH:

(a) County Pemiscot
 (b) City or town Hays Rural Concord Twp
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(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)

3. (a) PRINT FULL NAME Ruby Lavern West
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 22
 (Month) (Day) (Year)

8. AGE: Years 5 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Horner West
 13. Birthplace Newport Ark.
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Horner West
 (b) Address Hays, Mo.

17. (a) Burial (b) Date thereof Nov 19, 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ingram Ridge

18. (a) Signature of funeral director H. S. Smith
 (b) Address Caruthersville, Mo.

19. (a) Nov 20, 1943 (b) Mo. Rutherford
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
 (c) City or town Rural
 (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 _____

20. DATE OF DEATH: Month Nov Year 1943 Minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____; _____, 19____;

that I first saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Burned to death House Caught on fire

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) 181-1

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident
 (b) Date of occurrence Nov 17, 1943

(c) Where did injury occur? Pascala Cement Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

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

23. Signature Charles W. Moore (M. D. or other) Coroner
 Address Hays, Mo. Date signed 11-17-43

SUPPLEMENTARY

MOTHER FATHER

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

38867