

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(c) Name of hospital or institution:  
2502 Willard  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 12 years  
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(d) Street No. 2502 Willard  
(e) Citizen of foreign country? No  
If yes, name country.....

3. (a) PRINT FULL NAME Clarence L. West

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Clara 6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased October 15, 1887  
(Month) (Day) (Year)

8. AGE: Years 56 Months 2 Days 26 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name Dial West  
13. Birthplace Missouri  
14. Maiden name Jennie Branch  
15. Birthplace No record  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cody Pearson  
(b) Address 1105 S. 2nd - Joplin, Mo.  
17. (a) Burial (b) Date thereof 1-13-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director Hurlbut Und. Co.  
(b) Address Joplin, Missouri  
19. (a) 1-13-44 (b) Gertie S. Schaeffer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11  
year 1944 hour 12:45 P. M. minute..... M.

21. I hereby certify that I attended the deceased from Sept 29 1943 to Jan 11 1944  
that I last saw him alive on Jan 11 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis  
Duration 5 mo.

Due to.....  
Due to.....  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 13 1/4  
Of autopsy.....  
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) (e) Means of injury.....  
23. Signature A. H. ... (M. D. or other)  
Address Joplin, Mo. Date signed 1/13/44

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

02  
7-44

1204

43-12-1105

JAN 18 1946

**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 *Ferry K. Huelbeck*

Licensed Embalmer No. *95-9*

P. O. Address *Spencer Mass*

**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.**