

**FILED JUN 14 1946**

Registration District No. 170 Primary Registration District No. 5-629

1. PLACE OF DEATH:

(a) County LACLEDE

(b) City or town RURAL CASCADE TWP  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 6 MO years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE 53

(c) City or town Oakland  
(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 WILLIAM WEST

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased MAY 23 1867  
(Month) (Day) (Year)

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

78 11 24 hr. min.

9. Birthplace CAMDEN Co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name HARRISON WEST

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

14. Maiden name \_\_\_\_\_

15. Birthplace MARY PRICET MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jess Bench

(b) Address DANLAND MO

17. (a) BURIAL (b) Date thereof 5-20-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HIGH POINT CEM

18. (a) Signature of funeral director PALMER'S

(b) Address LEBANON MO

19. (a) 5-25-46 (b) Ors Frankenburg  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 17th  
year 1946 hour 8 minute A M.

21. I hereby certify that I attended the deceased from 5-3, 1946, to 5-16, 1946.  
that I last saw him alive on 5-16, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic valvular heart disease Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chronic glomerulo nephritis  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 131/4

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 Justin P. Knowles (M. D. or other) P.O.  
Address Lebanon, Mo. Date signed 5/21/46

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

Received 6/12/46

Laclede County Health Unit

File No: 5-46-65

Date Filed 6/12/46

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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 *R. DeLozier*

Licensed Embalmer No. 1181

P. O. Address *Loburn Mo*

**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.**