No. 2
M—2-43
5-17-39
I X35697

16546

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17666

Registration District No. 278

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:

(a) County PIKE

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

(c) Name of hospital or institution: 420 NORTH 4th. ST. 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 DECEASED:

(a) State MISSOURI (b) County PIKE 82

(c) City or town LOUISIANA 2
(If outside city or town limits, write "RURAL")

(d) Street No. 420 NORTH 4th. ST. 1
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) d

If yes, name country

3. (a) PRINT FULL NAME JESSE ABNER WEST

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex MALE 8

5. Color or race WHITE

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

6. (b) Name of husband or wife ANN WITHROW WEST

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased OCTOBER (Month) 13 (Day) 1872 (Year)

8. AGE: Years 73 Months 6 Days 20 If less than one day hr. min.

9. Birthplace SHELBY CO. (City, town, or county) MISSOURI (State or foreign country) d

10. Usual occupation OSTEOPATHIC PRACTIONER

11. Industry or business OSTEOPATHY

FATHER
12. Name JESSE WEST
13. Birthplace PUTNAM CO. (City, town, or county) MISSOURI (State or foreign country) d

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

16. (a) Informant MRS. J. A. WEST

(b) Address LOUISIANA MISSOURI

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof MAY 5, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation TROY MISSOURI

18. (a) Signature of funeral director GARNER & STERNE

(b) Address LOUISIANA MISSOURI

19. (a) May 5/46 (Date received local registrar) (b) Margaret E Stephens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 3 year 1946 hour 10 minute 40 a M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on MAY 3, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death apoplexy	3 days
Cardio vascular	
Due to renal hypertensive disease	4 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)

While at work? (e) Means of injury 2

23. Signature [signature] (M.D. or other) DO

Address Louisiana Date signed May 4/46

255 (Licensed Embalmer's Statement on Reverse Side)

NOV 3 1958

RECEIVED
District Health Officer No. 10
District File Number 6-46-1159
Date Filed JUN 6 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 J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.