

S. No. 2
M-5-43
5-17-39
I X3667

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

State File No. **20958**
Registrar's No. **6-46**

FILED JUL 9 1946

Registration District No. **2712** Primary Registration District No. **5779**

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

1. PLACE OF DEATH:
(a) County **Miller**
(b) City or town **Lake Ozark**
(c) Name of hospital or institution: **Near Hamms Resort**
(d) Length of stay: **1 day**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Cole**
(c) City or town **Elston**
(d) Street No. **1 mile west of town**
(e) Citizen of foreign country? **No.**

3. (a) PRINT FULL NAME **Ray Jacob West**
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **23** year **1946** hour **4** minute **P.** 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.

4. Sex **Male** Color **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

Immediate cause of death **Asphyxiation Due to Drowning**
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) **183-336**

7. Birth date of deceased **August 1 1922**
8. AGE: Years **23** Months **10** Days **22**

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

9. Birthplace **St. Louis Mo.**

10. Usual occupation **Mail Carrier**

11. Industry or business **U. S. Government**

12. Name **Rutha West**

13. Birthplace **Miller County Mo.**

14. Maiden name **Leola Stewart**

15. Birthplace **Miller County Mo.**

16. (a) Informant **Rutha West**

(b) Address **Elston, Mo.**

17. (a) **Buried** (b) Date thereof **June 25 1946**
(c) Place: burial or cremation **Elston**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accidental**
(b) Date of occurrence **6-23-46**
(c) Where did injury occur **Lake Ozark, Miller Co. Mo.**
(d) Did injury occur in or about home, or farm, in industrial place, in public place? **In public place**
While at work? (Specify type of place) (e) Means of injury
23. Signature **M. E. Humphrey** (M. D. or other)
Address **Elston, Mo.** Date signed **6-24-46**

18. (a) Signature of funeral director **James Service**
(b) Address **Elston, Mo.**

19. (a) **June 24 1946** (b) **Mrs. Richard L. Winst**
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-2-46

1946-8-22
1-8-22
1-8-22
1-8-22

AUG 8 1946

JUL 9 1946

SEP 26 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. H. Anderson

Licensed Embalmer No. 364

P. O. Address

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.