

No. 2
12-45
17-39
X47070

State File No. 26438
Registrar's No. 281

FILED SEP 3 1946
43

Registration District No. 43 Primary Registration District No. 5140

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Poplar Bluff Rt. 1 12pps Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 23 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Poplar Bluff Rt. 1 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Cilester West

3. (b) If veteran, name war World War 1 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Florence May West 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased July 10 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 10 21 hr. min.

9. Birthplace Erin Tennessee /
(City, town, or county) (State or foreign country)

10. Usual occupation Livestock dealer & farmer

11. Industry or business _____

12. Name J. S. West /

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

14. Maiden name Elmira Outlaw /
(City, town, or county) (State or foreign country)

15. Birthplace Tennessee /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence West

(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 8-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Greer Croy & Fitch

(b) Address Poplar Bluff, Mo.

19. (a) 8/23/46 (b) W. H. Munster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19
year 1946 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Aug 18 1946 to Aug 19 1946
and that death occurred on the date and hour stated above.
that I last saw him alive on Aug 19 1946

Immediate cause of death Coronary Occlusion Duration 3 hr

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations none 940

Of autopsy none

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 _____

Signature W. H. Munster (M. D. J. H. M. D.)

Address Poplar Bluff, Mo. Date signed 8-20-46

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

MOTHER FATHER

35

SEP 27 1946

RECEIVED

District Health Office No. 2,

District File Number 846-1028

Date Filed 8-26-46

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.