

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

FILED OCT 16 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4200

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
1210 Paseo  
(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 (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1210 Paseo  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Wyatt W. West

3. (b) If veteran, name war World War I

3. (c) Social Security No. scribble

4. Sex Male 5. Color or race Negro

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

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

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

7. Birth date of deceased February 17, 1895  
(Month) (Day) (Year)

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

<u>50</u>	<u>7</u>	<u>15</u>	hr. min.
-----------	----------	-----------	----------

9. Birthplace Cold Hill Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Butcher

11. Industry or business.....

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Marie Harold

(b) Address 1315 E. 14th St.

17. (a) Removal (b) Date thereof 10/5/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wadsworth, Kansas

18. (a) Signature of funeral director Watkins Bros

(b) Address 1729 Lyden Avenue

19. (a) 10-4-46 (b) Stearline Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2nd  
year 1946 hour 10 minute P M.

21. I hereby certify that I attended the deceased from 11th  
September 19 46 to October 2 19 46  
that I last saw him alive on October 2nd 19 46  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration

Due to Unknown

Due to.....

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: None

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.....

23. Signature George Hoff (M. D. or other) M. D.

Address 2123 E. 15th St. Date signed Oct. 3

---

---

**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. J. Manlove*

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

**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.**