

FILED APR 23 1947
Registration District No. 191

Primary Registration District No. 1002

Registrar's No. 1601

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: Kansas City General Hosp. # 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Hours (Specify whether
In this community 80 Years years, months or days)

3. (a) PRINT FULL NAME MRS. C. ALICE WEST

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife George Cornelius West

6. (c) Age of husband or wife if alive 90 years

7. Birth date of deceased Sept. 4th 1857
(Month) (Day) (Year)

8. AGE: Years 89 Months 7 Days 1 If less than one day
hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Miles Hale

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

14. Maiden name Margaret Kelly

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

16. (a) Informant George H. West (son)

(b) Address 700 East Meyer Blvd.

17. (a) Burial (b) Date thereof 4/8/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 West 42nd street

19. (a) 4-7-47 (b) Theraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 3516 Summit Street
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th
year 1947 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from April 5th 1947 to April 5 1947, that I last saw her alive on April 5 1947 and that death occurred on the date and hour stated above.

Immediate cause of death General Arteriosclerosis

Due to _____

Due to _____

Other conditions 97
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Same as Above

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 _____

23. Signature W. W. Hart (M. D. or other) MD
Address Med. Dir. K.C. Gen. Hosp. # Date signed 4-5-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.