

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 7 1949

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

1374
State File No. _____
Registrar's No. 408

Registration District No. _____

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County... Jackson
(b) City or town... Kansas City
(c) Name of hospital or institution:
Colvins Rest Home 4
(d) Length of stay: In hospital or institution... 2 yrs., 5 mos.
In this community... 61 years

2. USUAL RESIDENCE OF DECEASED:
(a) State... Missouri (b) County... Jackson 4/1
(c) City or town... Kansas City 3
(d) Street No... 4317 Woodland 8
(e) Citizen of foreign country? no (Yes or No) J
If yes, name country _____

3. (a) PRINT FULL NAME Thomas H. WEST
3. (b) If veteran, name war... no 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 28
year 1948 hour 1 minute 25 P.M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife... Martha West
6. (c) Age of husband or wife if alive... years
7. Birth date of deceased... July 10, 1863

21. I hereby certify that I attended the deceased from Jan 27
1948 to Jan 28 1948
that I last saw him alive on Jan 27
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
84 6 18 hr. min.

Immediate cause of death Circulatory Failure Duration 36hr.
Due to Atherosclerosis years

9. Birthplace Boston, Mass.
10. Usual occupation Editor (Retired)
11. Industry or business Labor Herald

Due to Senility
Other conditions Interstitial Nephritis
(Include pregnancy within 3 months of death)

MOTHER FATHER
12. Name Thomas West
13. Birthplace Ireland 4
14. Maiden name unknown
15. Birthplace Ireland 4

Major findings:
Of operations _____
Of autopsy 1310
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Ollie Prince
(b) Address Wichita Kansas
17. (a) Burial (b) Date thereof 1-30-48
(c) Place: burial or cremation St. Mary's Cemetery
18. (a) Signature of funeral director Melody-McGilley-Eylar
(b) Address Kansas City, Missouri
19. (a) 1-29-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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? _____
(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 20
23. Signature Ernest H. Conrad (M. D. or other) Dr.
Address 7427 Broadway Date signed 1/29/48

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

Dr. E. C. Conrad
Lakeside Hospital.

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.....

..... Donald M. Mallatt, Registered Apprentice No. 75
working under my personal supervision.

Signed Elmer G. Heck

Licensed Embalmer No. 4063

P. O. Address R. C. 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.