

No. 2
-8-43
-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9501

FILED APR 14 1948

Registration District No. 228

Primary Registration District No. 5808

Registrar's No. 2

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

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town Bellflower
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Home 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 28 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Montgomery
(c) City or town Bellflower Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 713
(e) Citizen of foreign country? Mo (Yes or No) No
If yes, name country _____

3. (a) PRINT FULL NAME William V. West
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month APRIL day 3 -
year 1948 hour 11 minute 00 A.M.
21. I hereby certify that I attended the deceased from SEPT 1934 to APRIL 3, 1948
that I last saw him alive on APRIL 2, 1948
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eda West Deceased 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 7 - 11 - 1873
(Month) (Day) (Year)

Immediate cause of death _____
MYOCARDIAL DEGENERATION 15 DAYS
Due to CHRONIC MYOCARDIITIS + INFARCT. 15 YRS.
Due to CHRONIC INTERSTITIAL NEPHRITIS 15 YRS.

8. AGE: Years 74 Months 9 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired farmer

11. Industry or business General Duties

12. Name Unknown 9

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

14. Maiden name Unknown 9

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

16. (a) Informant Virgil Kialley

(b) Address Bellflower Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-4-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Bellflower Cem

18. (a) Signature of funeral director Oland R. Jones

(b) Address Bellflower Mo

19. (a) 4-5-48 (Date received local Registrar) (b) Mrs May Miller (Registrar's signature) of Mo

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 13/10
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 Car
23. Signature William A. Ardale (M. D. or other) D.O.
Address Montgomery City - Mo Date signed 4-4-48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 13 1948

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.....

Blank A Jones

Licensed Embalmer No.

2978

P. O. Address.....

Bellflower In

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.