S. No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 17 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 12964

Registrar's No. 1519

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: 235 Ward Parkway / Apt 301 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: no (Specify whether years, months or days)

In this community: 26 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 3 (If outside city or town limits, write "RURAL")

(d) Street No.: 235 Ward Parkway 8 (If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country:

3. (a) PRINT FULL NAME: Mrs Pearl A West

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Fem /

5. Color or race: Wht

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

6. (b) Name of husband or wife: Wm E West

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

7. Birth date of deceased: July (Month) 3 (Day) 1877 (Year)

8. AGE: Years 70 Months 9 Days 0 If less than one day: hr. min.

9. Birthplace: Kansas (City, town, or county) / (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

MOTHER FATHER

12. Name: T. E. Carey Berry /

13. Birthplace: Kansas (City, town, or county) Berry (State or foreign country)

14. Maiden name: Rachel

15. Birthplace: Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant: William E West

(b) Address: 235 Ward Park way

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4 - 6 - 48 (Month) (Day) (Year)

(c) Place: burial or cremation: MT. MORIAH

18. (a) Signature of funeral director: Stine McClure Co.

(b) Address: 3235 Gillham Plaza

19. (a) 4-6-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 year 1948 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from April 2, 1948, to April 3, 1948, that I last saw him alive on April 3, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 hr. 15 min
Due to: Cerebral arteriosclerosis	5 years
Due to:	
Other conditions (Include pregnancy within 3 months of death): —	

Major findings: Of operations: None 83a

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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: James H Dangladr (M. D.)

Address: 411 Alameda Rd. KC 2, Mo. Date signed: 4-5-48

(Licensed Embalmer's Statement on Reverse Side)

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply witb the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.