No. 2
1/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 14 1948
Registration District No. 267

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20305
Primary Registration District No. 5902
Registrar's No. 54

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Rural - Hayti -
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 10 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Pemiscot 78
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lettie Mae West
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 3
5. Color or race Col
6. (a) Single, widowed, married, divorced unfort
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 5 (Month) 10 (Day) 48 (Year)

8. AGE: Years | Months | Days 34 | If less than one day hr. min.

9. Birthplace Gobbler (City, town, or county) MO (State or foreign country) 0
10. Usual occupation
11. Industry or business
FATHER
12. Name Walter West
13. Birthplace Little Rock (City, town, or county) Ark (State or foreign country) 1
MOTHER
14. Maiden name Lettie May Purcefield
15. Birthplace Blytheville (City, town, or county) Ark (State or foreign country) 1
16. (a) Informant Annie P. Botter
(b) Address Hayti - MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hayti - MO
18. (a) Signature of funeral director R. F. Smith
(b) Address Hayti - MO
19. (a) 7-8-48 (Date received local registrar) (b) John W German (Registrar's signature) 4A6

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 14
year 1948 hour 10 minute 1 M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Premature as history given By Family
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

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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 3
23. Signature Jack Kelley Coroner (M.D. or other)
Address Hayti MO Date signed 6-15-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

7-48.204

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.

not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.