

FILED OCT 13 1948
Registration District No. 70

Primary Registration District No. 3033

1. PLACE OF DEATH:

(a) County Wade

(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
433 S. Jefferson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 70 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wade

(c) City or town Lebanon
(If outside city or town limits, write "RURAL")

(d) Street No. 433 S. Jefferson
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Charles L West

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 2
year 1948 hour 5 minute 45 AM.

21. I hereby certify that I attended the deceased from 9-17, 1948, to 10-2, 1948
that I last saw him alive on 9-23, 1948
and that death occurred on the date and hour stated above.

4. Sex MO

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Dec (Month) 21 (Day) 1862 (Year)

Immediate cause of death: Arteriosclerosis
Heart Disease

Due to _____

Due to _____

Other conditions: Asthma (Chronic)

(Include pregnancy within 3 months of death)

8. AGE: Years 85 Months 9 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace: Sparta (City, town, or county) W. Va. (State or foreign country)

Major findings: _____
Of operations: 9/27

Of autopsy: _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation _____

11. Industry or business Retired Railroad

12. Name A.A. West

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

14. Maiden name R. P. O. D. A. Manchester

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

16. (a) Informant Robert West
(b) Address Lebanon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/4/48 (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon, City Cem.

18. (a) Signature of funeral director Palmer's
(b) Address Lebanon, Mo.

19. (a) 10-6-48 (Date received local registrar) (b) Hessie B. Lynley (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? _____ (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 Saul A. Jenkins (M.D. or other) _____
Address Lebanon, Mo. Date signed 10-5-48

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

3
1
2

MOTHER FATHER

JUN 5 1968

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.....

Emmett E. Everett....., Registered Apprentice No. 246,
working under my personal supervision.

Signed Richard L. Palmer.....

Licensed Embalmer No. 4595.....

P. O. Address Lebanon, 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.