No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 12 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30547

Registration District No. 264 — Primary Registration District No. 5887 — Registrar's No.

1. PLACE OF DEATH:
(a) County Ozark
(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howell 46
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Una Ellen West
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 16 (Day) 1923 (Year)

8. AGE: Years 24 Months 9 Days 16 If less than one day hr. min.

9. Birthplace Howell Co., Missouri (City, town, or county) (State or foreign country)
10. Usual occupation none
11. Industry or business

FATHER
12. Name John P. West
13. Birthplace Lee Co. (City, town, or county) Va. (State or foreign country)

MOTHER
14. Maiden name Cynthia Martin
15. Birthplace Ozark Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. J.P. West
(b) Address Caulfield, Missouri
17. (a) B (Burial, cremation, or removal) (b) Date thereof 10-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove
18. (a) Signature of funeral director Robertson
(b) Address West Plains, Missouri
19. (a) 1-3-49 (Date received local registrar) (b) William Cogswell (Registrar's signature) H.S. 405

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 2 year 1948 hour 9 minute 15P M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw b... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Fracture & dislocation cervical Vertebrae — Fracture frontal	
Due to S Kull	15 Min
Due to	
Other conditions: Fracture L. Elbow & Shoulder (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 77
(b) Date of occurrence October 2, 1948
(c) Where did injury occur? Caulfield (City or town) Ozark (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway #80 (Specify type of place)
While at work? No (e) Means of injury Auto wreck
23. Signature M J Hoerman Coroner (M.D. or other) 9
Address Gainesville, Mo Date signed 10/8/48

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

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

OCT 15 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 Robert T. Drago

Licensed Embalmer No. 1457

P. O. Address West Plains, 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.

No. 2B
3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30541

Registration District No. 264 Primary Registration District No. 5887 Registrar's No. 1

1. PLACE OF DEATH:

(a) County Oak Twp.

(b) City or town Bayou - Rural
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Howell

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Una E. West

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec (Month) 16 (Day) 1923 (Year)

8. AGE: Years 24 Months 9 Days 16 If less than one day hr. min.

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

10. Usual occupation No occupation

11. Industry or business

FATHER
12. Name John P. West
13. Birthplace (City, town, or county) Va (State or foreign country)

MOTHER
14. Maiden name Cynthia Martin
15. Birthplace (City, town, or county) MO (State or foreign country)

16. (a) Informant Mrs J. P. West
(b) Address Caulfield, MO

17. (a) (Burial, cremation, or removal) (b) Date thereof 10-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Robertson
(b) Address West Plains, MO

19. (a) 1-3-49 (Date received local registrar) (b) William Cogswell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day 2
year 1948 hour minute 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

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) accident

(b) Date of occurrence 10-2-48

(c) Where did injury occur? Caulfield, Oak, MO (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway #80 (Specify type of place)

While at work? no (e) Means of injury auto wreck

23. Signature M. J. Hoerman D.O. (M. D. or other)

Address Gainesville Date signed MO

SUPPLEMENTARY

1948
S-30547