

No. 2
-12-45
-17-39
X47070

State File No. 39659
Registrar's No. 57

FILED JAN 10 1949
Registration District No. 7

Primary Registration District No. 3015

1. PLACE OF DEATH:

(a) County CLINTON

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

(c) Name of hospital or institution:
285 South Orange
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO (Specify whether)

In this community 84 y. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Clinton ²⁵

(c) City or town Camelon ¹
(If outside city or town limits, write "RURAL") ⁰

(d) Street No. 285 S. Orange
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME William John West.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife NOVA Lee West.

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Oct 19 1864
(Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Carpenter

11. Industry or business _____

12. Name W.W. West.

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

14. Maiden name Nancy Drake.

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

16. (a) Informant June L. Segrest

(b) Address Camelon

17. (a) Burial (b) Date thereof 12-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chapman Chapel

18. (a) Signature of funeral director Wm. J. Moser

(b) Address _____

19. (a) 12-27-48 (b) Whitfred W. Moser
(Date received local registrar) (Registrar's signature) 345

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25 year 1948 hour _____ minute 7:30 P. M.

21. I hereby certify that I attended the deceased from Oct 1 1948 to Dec 25 1948, 19 _____, to _____, 19 _____; that I last saw him alive on 6 pm 12-25-48, 19 _____; and that death occurred on the date and hour stated above.

Immediate cause of death aberration of hydration + malnutrition Duration 2 mo.

Due to Stem of spinal cord ?

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings: Of operations _____

Of autopsy 56P

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Wm. J. Moser (M. D. or other)

Address Camelon MO Date signed 12-27-48

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

MOTHER FATHER

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 George R. Trammell

Licensed Embalmer No. 4125

P. O. Address 224 West 4th

Carroll, 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.