FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 31 1949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

15363

State File No.

Registration District No. 88 Primary Registration District No. 4151 Registrar's No. 9

1. PLACE OF DEATH:
(a) County Crawford
(b) City or town Steelville Mo
(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 75 Years.
years, months or days)

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

3. (a) PRINT FULL NAME Sarah Maurice 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 Widow
6. (b) Name of husband or wife William West
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 12 (Day) 1857 (Year)

8. AGE: Years 96 Months 7 Days 19 If less than one day hr. min.

9. Birthplace Dent County Mo (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Eley Edwards
13. Birthplace Dent Co. Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Kelly Simmons
15. Birthplace Dent Co. Mo (City, town, or county) (State or foreign country)
16. (a) Informant Mary E Domin
(b) Address Steelville Mo
17. (a) (Burial, cremation, or removal) (b) Date thereof 4-3-1949 (Month) (Day) (Year)
(c) Place: burial or cremation Steelville Cemetery
18. (a) Signature of funeral director L J Jones
(b) Address Steelville Mo
19. (a) 5-5-49 (Date received local registrar) (b) C R Gibbs (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 31th year 1949 hour 5 minute a. M.
21. I hereby certify that I attended the deceased from Jan 1, 1938, to Mch 31, 1949
that I last saw her alive on Mch 30, 1949
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Valvular disease of heart	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	4514
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)
(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
23. Signature R. C. Parker (M. D. ~~or other~~)
Address Steelville Mo Date signed 4-2-49

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

RECEIVED 5/12/49
District Health Officer No. 6
549361
District File Number 5/28/49
Date Filed

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 E. J. Jones

Licensed Embalmer No. 2379

P. O. Address Steelville M

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.