

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

31476  
Do not use this space.

REC'D OCT 15 1938

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas (d) Street No. Trinity Hospital Registered No. 3773  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Arthur Bernard Caswell 2 U 1  
 (a) Residence, No. 506 East 44th St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen Crane Caswell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
47 5 15

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Insurance Broker  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

FATHER  
 13. NAME J. E. Caswell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont

MOTHER  
 15. MAIDEN NAME Edith Silverthorne

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

17. INFORMANT (ADDRESS) Cyrus Crane, 3519 Holmes St., Kansas Cy., Mo.

18. PLACE OF BURIAL, CREMATION, OR REMOVAL Elmwood Crematory  
 PLACE Kansas City, Mo. DATE Sept. 30, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stine & McClure, Kansas City, Missouri

20. FILED Sept 28 19 38 M. M. Brown  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from March, 1937, to Sept 28, 1938  
 I last saw him alive on Sept 28, 1938 Death is said to have occurred on the date stated above, at A. m. 5:25  
 The principal cause of death and related causes of importance were as follows:

Addison's Disease (probably years here)  
Complete atrophy of Right adrenal gland with partial atrophy of the left adrenal (Cause unknown) 68  
 Date of onset

Other contributory causes of importance:  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify no  
 (Signed) W. T. Trinkle, M. D.  
 (Address) 836 Pine St. Bldg.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

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, above space should be left blank.**