

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

34622
 Do not use this space.

REC'D NOV 21 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395
 (b) Township Rau Primary Registration District No. 1002 Registered No. 3958
 (c) City Kansas City, Mo (d) Street No. 719 Indiana St.
 (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. da.

2. PRINT FULL NAME

(a) Residence, No. 719 Indiana 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Caskey
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9 1848
 7. AGE YEARS 90. MONTHS 4 DAYS 2 If LESS than 1 day,hrs. ormin.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Club of
 9. Industry or business in which work was done, as saw mill, bank, etc. Reading Office
 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) Pennsylvania

FATHER 13. NAME George Caskey

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

MOTHER 15. MAIDEN NAME Anna Stauback

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

17. INFORMANT Miss Anna Caskey (ADDRESS) 719 Indiana

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 10/13 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thos. J. ... 928 ...

20. FILED Oct 11, 1938 W. K. Cronin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11, 1938

22. HEREBY CERTIFY, That I attended deceased from Sept 2, 1938 to Oct - 6, 1938
 I last saw him alive on 10-6-38 Death is said

to have occurred on the date stated above, at 2118A.
 The principal cause of death and related causes of importance were as follows:

Acute dilatation of heart Date of onset

73 e
 Other contributory causes of importance:
Chronic Myocarditis about 3 years
Arterio Sclerosis

Name of operation none Date of
 What test confirmed diagnosis? clinical Was there an autopsy?

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
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify

(Signed) J. Caspally Anderson M. D.
 (Address) 6520 Ind. Ave

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.

Be 0756

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.