

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.

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

3631  
Do not use this space.

REC'D FEB 27 1939

1. PLACE OF DEATH

(a) County Randolph Registration District No. 731  
 (b) Township Sherwood Primary Registration District No. 5973  
 (c) City..... (d) Street No..... Registered No. 2  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (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

240 OCTAVIA (PENSA) KASEY  
 (a) Residence, No. Huntsville, Mo 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 FFF 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 Sterling Kasey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
81 9 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 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) Randolph County

FATHER 13. NAME William A. Hall

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

MOTHER 15. MAIDEN NAME Octavia Sebee

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

17. INFORMANT (ADDRESS) Miss Emma Kasey  
Huntsville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly DATE Jan 13 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John P. Statton  
Huntsville Mo

20. FILED January 14 1939 A. Bradsher Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 1 1939 to Jan 12 1939  
 Last saw her alive on Jan 12 1939. Death is said to have occurred on the date stated above, at 6:45 m.  
 The principal cause of death and related causes of importance were as follows:

Acute myocarditis  
cardiac failure  
 Date of onset Jan 1 1939

Other contributory causes of importance: Influenza

Name of operation None Date of None  
 What test confirmed diagnosis None Was there an autopsy? No

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?  
 If so, specify.....  
 (Signed) W. L. Anderson  
Huntsville Mo (Address)

---

---

**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.**