

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

4118
 Do not use this space.

REC'D FEB 28 1939

1. PLACE OF DEATH

(a) County Stone Registration District No. 847
 (b) Township Williams Primary Registration District No. 612
 (c) City _____ (d) Street No. _____ 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. da.

2. PRINT FULL NAME

Edna C. Casey
 (a) Residence, No. Viola, 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 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 Julia Casey
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16 1859
 7. AGE YEARS 79 MONTHS 6 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) 1927 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jarvis Co. Mo.

FATHER 13. NAME Marion Casey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Mary Carr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mary Fitzgerald
Viola, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fields Cem DATE 12-2-38

19. FUNERAL DIRECTOR (ADDRESS) Noon Funeral Home
Cassville, Mo.

20. FILED Jan 28 1939 J. H. Marshall Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16 1938 to Nov. 16 1938
 I last saw him alive on Nov. 16 1938 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Apoplexy of 2nd
 Date of onset 11/15/38

Other contributory causes of importance:

Arteriosclerotic Hypertension

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) E. M. Russell M. D.

761 (Address) Cassville, Mo.

Dec 2-38

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.

1938-12-1
1859-5-16
79-6-15

RECEIVED

District Health Officer No. 6,

District File Number 6-39-225

Date Filed **FEB 11 1939**

17 years

~~1859~~

1930
799

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was ^{not} embalmed by _____

_____, L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Eugene Wood
Licensed Embalmer No. 3884

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.)