

REC'D APR 19 1939

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

11316

Do not use this space.

## 1. PLACE OF DEATH

(a) County Lafayette <sup>2</sup> Registration District No. 460  
(b) Township 1 Primary Registration District No. 4272 Registered No. 22  
(c) City Corder Mo (d) Street No. \_\_\_\_\_ 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. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 236 Clarence C. Casdorff 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 Alma Casdorff  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21, 1905  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
34 2 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Miner  
9. Industry or business in which work was done, as saw mill, bank, etc. Coal Industry  
10. Date deceased last worked at this occupation (month and year) 30 Jan 1939 11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelton Mo  
Morgan County

FATHER 13. NAME A. W. Casdorff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florence Mo  
S

MOTHER 15. MAIDEN NAME Anna Spearing

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stover Mo

17. INFORMANT (ADDRESS) Alma Casdorff  
Corder, Mo

18. BURIAL, CREMATION, OR REMOVAL Methodist Church DATE April 2, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. J. James  
Concordia Mo

20. FILED April 2, 1939 Tiffany Webb  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1939, to Mar 31, 1939

I last saw him alive on Mar 30, 1939. Death is said to have occurred on the date stated above, at 1:20 p.m.

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

Chronic nephritis P.  
121  
Other contributory causes of importance: Uremia Feb 17, 1939

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) AP Johnston \_\_\_\_\_, M. D.  
41.3 (Address) Corder Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
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

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RECEIVED  
District Health Officer No. 8,  
District File Number 4/1/39  
Date Filed

ASA BARNES, M. D.  
Assistant Special Agent,  
Bureau of the Census,  
HIGGINSVILLE, - MISSOURI.

**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. S. James  
Licensed Embalmer No. 2058  
P. O. Address Concordia Mo

**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.