

REC'D SEP 15 1939

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

28488  
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 912

(b) Township Van Dardia Primary Registration District No. 4550

(c) City Van Dardia (d) Street No. \_\_\_\_\_ St.

(e) Length of residence in city or town where death occurred \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME ELLIS L CASSELL

(a) Residence, No. \_\_\_\_\_ 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

1. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write this word) Single (widow)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

62 10 28

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. None

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) Boone Co. Mo.

13. NAME Cassell

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

15. MAIDEN NAME Mrs Susan Deckers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mo.

17. INFORMANT (ADDRESS) Charles Cassell

18. BURIAL, CREMATION, OR REMOVAL PLACE Andrew DATE Aug 6 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. Waters Van Dardia

20. FILED Aug 5 1939 Carrie F. Utterback Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1 1939

I HEREBY CERTIFY, That I attended deceased from July 30, 1939, to Aug 1, 1939

I last saw him alive on July 31, 1939. Death is said to have occurred on the date stated above, at 8:00 Am.

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

Carcinoma stomach

H. b.

Other contributory causes of importance: Endocarditis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Path. 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 \_\_\_\_\_

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) Dr. R. L. Marshall

(Address) Van Dardia Mo.

Date of onset Feb. 39

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.

RECEIVED

District Health Officer No. 10

File Number 9-39-1566

Date filed SEP 8 1939

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 me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed W.B. Waters

Licensed Embalmer No. 3321-

P. O. Address Vandalia 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.