

Registration District No. 156

Primary Registration District No. 4090

Registrar's No. 2

19
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Harrisonville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Harrisonville Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community yes
years, months or days) 7 mo

3. (a) PRINT FULL NAME James B. Caswell

8. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Nellie F. Caswell 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Feb. 11 (Month) (Day) (Year) 1856

8. AGE: Years 83 Months 10 Days 25 If less than one day ✓ hr. ✓ min.

9. Birthplace Kentucky (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Uriah Caswell
13. Birthplace Kent (Kno) (City, town, or county) (State or foreign country)
14. Maiden name Catherine
15. Birthplace Kent Kno (City, town, or county) (State or foreign country)

16. (a) Informant Nellie F. Caswell

(b) Address Cecilia, Mo.

17. (a) Rural (b) Date thereof Jan 8 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Fresenius, Mo.

18. (a) Signature of funeral director RUNNENBURGER'S

(b) Address HARRISONVILLE, MO.

19. (a) 1/8/40 (Date received local registrar) (b) J. Bedensley Jr. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
(c) City or town Rural (Harrisonville)
(If outside city or town limits, write "RURAL")
(d) Street No. Rural, 5th W. Hülle
(If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6th
year 1940 hour 6 minute 15-0 M.

21. I hereby certify that I attended the deceased from 11-18-
1938, to 1-6-
1940
that I last saw him alive on 1-6-
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate of external hyperplasia of prostate
Due to prostate
Due to

Other conditions 51
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓
Of autopsy ✓

22. If death was due to external causes, fill in the following: ✓
(a) Accident, suicide, or homicide (specify) ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature David S. Lang (M. D. or other) 1/8-40
Address Harrisonville Date signed 1/8-40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 _____

Ernest Runnenbuge

Licensed Embalmer No. 3368

P. O. Address Harrisonville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.