

Registration District No. 218

Primary Registration District No. 3015

Registrar's No. 22

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Boonville
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 7
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 45 Years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ethel Cassell

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 13 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>7</u>	<u>37</u>	hr. _____ min.

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

10. Usual occupation Resident in County Home.

11. Industry or business _____

MOTHER FATHER
12. Name Unknown. 9
13. Birthplace " (City, town, or county) (State or foreign country)
14. Maiden name Unknown. 9
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Sam Mills.
(b) Address Boonville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 13 1940
(Month) (Day) (Year)
(c) Place: burial or cremation City Cem. Boonville, Mo.

18. (a) Signature of funeral director Boonville & Ball
(b) Address Boonville, Mo.

19. (a) 3-11-40 (Date received local registrar) (b) Boonville (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper
(c) City or town Boonville,
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10th day March
year 1940 hour 6 minute 30 p.m.

21. I hereby certify that I attended the deceased from Sept 12
1938, to Aug 8, 1939;
that I last saw her alive on about Sept, 1939;
and that death occurred on the date and hour stated above

Immediate cause of death Fracture of the neck Duration instantaneous

Due to being accidentally struck by an automobile.

Due to _____

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

Major findings: Of operations _____ Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence March 10 1940

40 Where did injury occur? Boonville Cooper Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Mo. On Public Highways no 87 and 98
(Specify type of place)
While at work? no (e) Means of injury passenger auto

23. Signature J. C. Timmer M.D. (M. D. or other) MD
Address Boonville Mo Date signed 3/11/40

PHYSICIAN
Underline the cause to which death should be charged statistically

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

Rev. 5-17-39

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.

UNFADING BLACK INK—RESERVED FOR BINDING

RECEIVED
District Health Officer No. 8,
License File Number 4-11-40
Date Filed

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 G. F. Boller

Licensed Embalmer No. 3062

P. O. Address Keosauqua, 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.