

APR 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11184

Registration District No. 978

Primary Registration District No. 9019

Registrar's No. 80

1. PLACE OF DEATH

(a) County Jackson
(b) City or town Independence, Delaware
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 416 North Delaware
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days) 5 1/2 year

3. (a) PRINT FULL NAME Mrs. Mary Hedges Casper
3. (b) If veteran, name war 1
3. (c) Social Security No. 216

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Christian Casper
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased January 11 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 26 If less than one day hr. min.

9. Birthplace Hedgesville W. Va
(City, town, or county) (State or foreign country)
10. Usual occupation House wife

11. Industry or business
12. Name George T. Hedges
13. Birthplace Hedgesville W. Va
(City, town, or county) (State or foreign country)
14. Maiden name Mariah Adelaide Myers
15. Birthplace Hedgesville W. Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. De Thomas Trueman
(b) Address 610 N. River Blvd
17. (a) Burial (b) Date thereof Mar. 10-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Ott Mitchell
(b) Address Independence, Mo.
19. (a) march 9 (b) F. C. Cook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 416 North Delaware
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month march day 7
year 1940 hour 9 minute 45 P.M.
21. I hereby certify that I attended the deceased from March seventh, 1940, to march 7, 1940
that I last saw her alive on march 7, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Duration 11 hours

Due to 59
Due to Diabetes Mellitus
Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

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? 360
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature E. Saunders MD (M. D. or other) MD
*Address Independence Mo Date signed 3-9-40

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

XXXX

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

Henry A. Mitchell

Licensed Embalmer No.

3925

P. O. Address

Ridgely, 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.