

FILED JUN 21 1940

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

19678

Do not use this space.

1. PLACE OF DEATH

(a) County Schuyler Registration District No. 805

(b) Township Liberty Primary Registration District No. 4484

(c) City Lancaster (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_

(e) Length of residence in city or town where death occurred 56 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna Hays Casper

(a) Residence, No. Lancaster St.  (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF (OR) WIFE OF Joseph Casper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
84 6 11

OCCUPATION

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. Housewife

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) Union Co. Ohio

FATHER

13. NAME Boliver Hays

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER

15. MAIDEN NAME Hannah Norris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT (ADDRESS) Mrs. Mona Casper  
Lancaster, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Queen City, Mo. DATE May 13 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Morehead's  
Lancaster, Mo.

20. FILED 5/13 19 40 Byrd Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1940

22. I HEREBY CERTIFY, That I attended deceased from May 1 1940 to May 11 1940  
I last saw her alive on May 11 1940. Death is said to have occurred on the date stated above, at ..... m.  
The principal cause of death and related causes of importance were as follows:  
Senescent Hemorrhage

Date of onset May 1-1940

Other contributory causes of importance:  
Arteriosclerosis  
Hypertension

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? No  
If so, specify \_\_\_\_\_  
(Signed) Dr. J. L. ... (Address) Lancaster, 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.

I X 14025

RECEIVED

District Health Officer No. 10

District File Number 6-40-1231

Date Filed JUN 12 1940

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, .....

True - Minnie Morehead ....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed Morehead .....

Licensed Embalmer No. 3731-3680

P. O. Address Lancaster 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.