

11-10-37
5-17-39
X21492

Registration District No. 50

Primary Registration District No. 3004

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Butley
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether
In this community
years, months or days) /

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Czss
(c) City or town Rural Austin
(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.

3. (a) PRINT FULL NAME J. B. McCaslin 224

3. (b) If veteran, 7-7-0 name war. (c) Social Security No. 429-18-258

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased. 7-20-1921
(Month) (Day) (Year)

8. AGE: Years 19 Months - Days - If less than one day hr. - min. -

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Thomas Oscar McCaslin

13. Birthplace Quincy Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Maude Pyle

15. Birthplace Everett, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant T. O. McCaslin

(b) Address Archie, Mo.

17. (a) Burial (b) Date thereof 7-21-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garden City

18. (a) Signature of funeral director Atkinson Bros.

(b) Address Archie, Mo.

19. (a) July 21 1940 (b) Nina L Culver
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month July day 20 year 1940 hour _____ minute 2:00 P. M.

21. I hereby certify that I attended the deceased from July 13, 1940 to July 20, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration _____

Due to appendicitis

Due to _____

Other conditions 121
(Include pregnancy within 3 months of death)

Major findings: Of operations Peritonitis

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? 53 (Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature E. E. Robinson (M. D. or other) 1
Address Adrian, Mo. Date signed 7-22-40

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

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

RECEIVED
District Health Officer, No. 7,
District File Number 8-40-1167
Date Filed 8-10-40

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 Lloyd Harrison

Licensed Embalmer No. 3920

P. O. Address Harrisonville

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.