

FILED JAN 25 1941

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

3917

Do not use this space.

## 1. PLACE OF DEATH

(a) County Polk Registration District No. 703  
 (b) Township..... Primary Registration District No. 59324424 Registered No.....  
 (c) or City Humansville (d) Street No. 1 St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. 8 mos. da. 0

## 2. PRINT FULL NAME

(a) Residence, No. Humansville Mo. St.  Rural  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie L. Casey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
58 | 2 | 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. farmer  
 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) Cedar Co. Mo.13. NAME W. S. S. Scott14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co. Mo.15. MAIDEN NAME Sabata Dinstone16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co. Mo.17. INFORMANT (ADDRESS) Jessie L. Casey  
Humansville Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Burial DATE Jan 12 194119. FUNERAL DIRECTOR (NAME) (ADDRESS) Joseph A. Dinstone  
Humansville Mo.20. FILED Jan. 24, 1941 Ora M. Rich Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10 194122. I HEREBY CERTIFY, That I attended deceased from Dec 17 1940, to Jan 10 1941

I last saw him alive on Jan 10 1941 Death is said to have occurred on the date stated above, at 4:40 PM  
 The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:  
Decubital ulcer  
Perforation  
General Peritonitis  
 Date of onset Jan 7-41

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? yes

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?.....

If so, specify.....

(Signed) Doc C. Newsome M. D.(Address) Humansville Mo.

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.....

*Charles Gilbert Hathaway*, Registered Apprentice No. *269*  
working under my personal supervision.

Signed.....

*Ralph A. Joseph*  
Licensed Embalmer No. *3149*

P. O. Address.....

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.