

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10333

Registration District No. 136

Primary Registration District No. 5220

Registrar's No. 16

1. PLACE OF DEATH: Cass

(a) County Cass

(b) City or town Rural Pleasant Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: County Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yr. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass

(c) City or town Harrisonville
(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME MARK EASLEY

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 4 year 1941 hour 7:15 minute P M.

21. I hereby certify that I attended the deceased from Mar 1 1941, to Mar 5/41, 1941; that I last saw her alive on Mar 4, 1941; and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Walter Casley 6. (c) Age of husband or wife if alive 31 years (Month) (Day) (Year)

7. Birth date of deceased July 31 1874 (Month) (Day) (Year)

Immediate cause of death Cerebral Apoplexy and arterial sclerosis

Due to _____

Due to 572

Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years 66 Months 7 Days 4 If less than one day hr. _____ min. _____

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

10. Usual occupation none

11. Industry or business _____

12. Name David Martin

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

14. Maiden name Mary Hill

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

16. (a) Informant Orth Casley

(b) Address Harrisonville, Mo.

17. (a) burial (b) Date thereof Mar 6 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director HARRISONVILLE, MO.

(b) Address _____

19. (a) 3/5/41 (b) _____ (Date received by registrar) (Registrar's signature)

Major findings: Of operations _____

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? 875 (Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Edgar M. Lusk (M.D. or other) D

Address Harrisonville, Mo. Date signed Mar 5/41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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

Ernest Runnenburg

Licensed Embalmer No.

3368

P. O. Address

Harrisonville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.