

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1295

18
3
8

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

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cresthaven Conv. Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution weeks
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY MO
(If outside city or town limits, write "RURAL")
(d) Street No. 3516 SUMMIT
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME Hattie Mary Cassing

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased Aug 14 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Jefferson County Mo. D
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Frederick Drier

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

14. Maiden name Louise Kottler

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

16. (a) Informant Mrs. M. J. Williams

(b) Address Kansas City Mo. 5124 Indiana

17. (a) _____ (b) Date there April 2 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Mo.

18. (a) Signature of funeral director E. D. James

(b) Address Concordia Mo. 2258

19. (a) 4/2/41 (b) M. D. Crowe
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 2
year 1941 hour 2:45 minute _____ A. M.

21. I hereby certify that I attended the deceased from February, 1941, to April 2, 1941
that I last saw h or alive on April 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy
820 Duration months

Due to Arteriosclerosis and Hypertension 2 years

Due to _____
Other conditions Terminal Hypostatic Pneumonia 2 days
(Include pregnancy within 8 months of death)

PHYSICIAN
Major findings: _____
Of operations none done
Of autopsy none done
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) no

(b) Date of occurrence none

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
none

While at work? none (Specify type of place) (e) Means of injury none

23. Signature Harvey Jennitt (M. D. or other) MD

Address 1368 Bryant Blvd Kansas City Date signed 4-2-41

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 ME

....., Registered Apprentice No.

working under my personal supervision.

Signed

E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia 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.