

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 15341

Registration District No. 025

Primary Registration District No. 3831

Registrar's No. 52

1. PLACE OF DEATH:

(a) County ROCKAWAY  
 (b) City or town MARYVILLE  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Frances Hospital  
 (If not in hospital or institution, write street number of location)  
 (d) Length of stay: In hospital or institution 5 days  
 (Specify whether years, months or days)  
 In this community 73 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew  
 (c) City or town Whitesville  
 (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 8  
 year 1941 hour 5 minute 5 P. M.  
 21. I hereby certify that I attended the deceased from April 5, 1941 to April 8, 1941  
 that I last saw him alive on April 8, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis and chronic myelitis  
 Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions 12/16  
 (Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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

3. (a) PRINT FULL NAME James Thomas Case  
 3. (b) If veteran name war no 3. (c) Social Security No. \_\_\_\_\_

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced M /  
 6. (b) Name of husband or wife ADAC CASE 6. (c) Age of husband or wife if alive 70 years  
 7. Birth date of deceased 8-7-1867  
 (Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Andrew Co MO  
 (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_  
 12. Name Sylvester Case  
 13. Birthplace un known Va.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Susie Saunders  
 15. Birthplace New Kent Co Va.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ada Case  
 (b) Address Lea, Mo

17. (a) Whitesville (b) Date thereof 4-11-1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Whitesville

18. (a) Signature of funeral director Engle Brest  
 (b) Address Lavannah, Mo

19. (a) 4-9-41 (b) Mamie E. Clardy  
 (Date received local registrar) (Registrar's signature)

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?  
556 (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Thomas Chong (M. D. or other) MD  
 Address Lavannah, Mo Date signed 4-9-41

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.

FEB 23 1949

---

---

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.**