

No. 2
4-13-40
5-17-39
X23159

FILED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17054
1716
State File No.
Registrar's No.

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
4114 Montgall Avenue
(d) Length of stay: In hospital or institution ----
In this community 30 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 4114 Montgall Avenue
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Mrs. Mary Eliza Casper

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mr. C. E. Casper 6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased November 8 1865

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>5</u>	<u>22</u>	<u>hr. min.</u>

9. Birthplace Audrain County Missouri

10. Usual occupation At Home

11. Industry or business ----

MOTHER FATHER { 12. Name Thomas J. Clendenin
13. Birthplace Bourbon County Missouri
14. Maiden name Nancy Gibson
15. Birthplace Woodford County Kentucky

16. (a) Informant Thomas J. Clendenin
(b) Address 4114 Montgall

17. (a) Burial (b) Date thereof ----
(c) Place: burial or cremation 4444 Mt. Moriah Cemetery

18. (a) Signature of funeral director M. H. Crowe
(b) Address 1401 Brush Creek Blvd

19. (a) May 1 1941 (b) M. H. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th year 1941 hour 12 minutes 50 A. M.

21. I hereby certify that I attended the deceased from April 17, 1941, to April 29, 1941, that I last saw her alive on April 29, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 4/19/41

Due to Sciela with Chronic Myocarditis and Hypertension

Other conditions ----

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? ----

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ----
While at work? ---- (Specify type of place) (e) Means of injury ----

23. Signature Glenn H. Bradley (M. D. or other) M.D.
Address 1322 Prof. Yeldy Date signed 5/1/41

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

46
34

1233
11-1
Professional Reg.

Cas

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 H. C. Newcomer

Licensed Embalmer No. 4043

P. O. Address N. C. 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, fact should be so stated above.