

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24414

State File No. _____

1941 AUG 26 1941

Primary Registration District No. 3003

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry ⁰⁰⁵
(c) City or town Monett ¹
(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 ⁰

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1941 hour 5:30am minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to suicide

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

Duration

PHYSICIAN

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) Suicide

(b) Date of occurrence July 9 - 1941

(c) Where did injury occur? Monett Barry MO.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Swimming Pool.

While at work? no (Specify type of place) (e) Means of injury drown'd.

23. Signature John P. Ellison (M. D. or other) MD

Address W. Heaton MO. Date signed July 11 - 41

3. (a) PRINT FULL NAME Joseph Cassidy,

8. (b) If veteran, name war _____ 8. (c) Social Security No. 702-03-9829

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 7, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 1 2 hr. _____ min.

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

10. Usual occupation Fireman (Stationary)

11. Industry or business Frisco Ry. Co.

12. Name Franklin Ferguson Cassidy

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

14. Maiden name Clara Carson

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

16. (a) Informant Mrs. Jewell Owens,

(b) Address 106 County St., Monett, Mo.

17. (a) Burial (b) Date thereof 7-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Early, Missouri.

18. (a) Signature of funeral director Walter Way

(b) Address Monett Mo

19. (a) 7-9-1941 (b) W. M. West
(Date received local registrar) (Registrar's signature)

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

5
2
1

Coroner of Barry Co.

RECEIVED

District Health Officer No. 6,

District File Number 841-1397

Date Filed AUG 18 1941

OCT 2 1941

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

Licensed Embalmer No. 2066

P. O. Address Monmouth

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.