

No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29140

State File No. _____

Registration District No. 719

Primary Registration District No. 3950

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town Rural Elm Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 60 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam

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

(d) Street No. Washington Mo
(If rural, give location)

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

3. (a) PRINT FULL NAME Hannah A. Cassidy

(b) If veteran, _____ name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10 year 1941 hour 8 minute 10 A.M.

4. Sex Female 5. Color or race Whites

6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased May 19 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 7, 1941 to Aug 10, 1941 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

82 2 31 hr. min.

Immediate cause of death Apoplexy

Due to _____

Due to _____

9. Birthplace Scotland, Mo. Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation At Home

11. Industry or business House work

12. Name William Ferrell

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

14. Maiden name Emily Trath

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

16. (a) Informant B. H. Cassidy

(b) Address Dean Lane

17. (a) Burial (b) Date thereof Aug 11-1941
(Burial, cremation, or removed) (Month) (Day) (Year)

(c) Place: burial or cremation Graceland Cemetery

18. (a) Signature of funeral director Emmett F. ...

(b) Address Unionville, Mo.

19. (a) Aug 23-1941 (b) Marianne Martin
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature P. V. West (M. D. or _____)

Address Coatmanville Mo Date signed 8/11

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

8600

RECEIVED

District Health Officer No. 10.

District File Number 9-44-1749

Date Filed SEP 18 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 James W. Comstock

Licensed Embalmer No. 4197

P. O. Address Unionville, 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.