

FILED NOV 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34739

Registration District No. 1158

Primary Registration District No. 5296A

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Cole P. d. s.

(b) City or town St Thomas mo
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community Life
years, months or days

3. (a) PRINT FULL NAME John Henry Cassmeyer

3. (b) If veteran name war -DK

3. (c) Social Security No. D. 15.

4. Sex Male 5. Color or race white

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

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

7. Birth date of deceased Jan 8 1866
(Month) (Day) (Year)

8. AGE: Years 15 Months 9 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Osage Bend, mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Mail Carrier

11. Industry or business _____

MOTHER FATHER { 12. Name John Cassmeyer

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

14. Maiden name Mary Euster

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

16. (a) Informant Mrs. Eva Cassmeyer

(b) Address St Thomas mo

17. (a) Burial (b) Date thereof 10/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Thomas mo

18. (a) Signature of funeral director Buescher Funeral Home

(b) Address Jefferson City mo

19. (a) October 25 1941
(Date received local registrar)

By J. H. Cassmeyer
Registrar

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town St Thomas
(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 October day 22 and year 1941 hour 11 or book minute 15 A.M.

21. I hereby certify that I attended the deceased from October the 4th 1941 to October the 22nd 1941 and that I last saw him alive on October the 22nd 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Prostate gland Duration 14 Day

Due to Cancer of the Prostate Gland about 1 year

Due to Senility

Other conditions 518
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) _____

(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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Henry O. Werner (M. D. or other) _____

Address St Thomas mo Date signed Oct 28

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

16
55

26
0
0
0

14 Day
about 1 year

518

NOV 13 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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.