

0. 2  
13-40  
7-39  
X23159

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38159

State File No. \_\_\_\_\_

BUREAU OF THE CENSUS  
FILED NOV 27 1941

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 338

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Missouri Prison 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community not known  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole <sup>26</sup>  
(c) City or town Jefferson City <sup>5</sup>  
(If outside city or town limits, write "RURAL") <sup>4</sup>  
(d) Street No. Missouri State Prison  
(If rural, give location) <sup>U</sup>  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 20th  
year 1941 hour seven minute thirty P. M.  
21. I hereby certify that I attended the deceased from August, 1941  
19 to November, 20, 19 41.  
that I last saw him alive on November, 20 th 19 41.  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion (Infarct)  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
46 f

Other conditions Chronic Bronchitis, Asthma  
(Include pregnancy within 8 months of death)

Major findings: Nothing carcinoma - Resection April, 1941  
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?

While at work? \_\_\_\_\_ (Specify type of place)  
(2) Means of injury \_\_\_\_\_  
23. Signature Horvath (M. D. or other) \_\_\_\_\_  
Address Jefferson City, Mo. Date signed 11-21-41

3. (a) PRINT FULL NAME John Cason (52735)

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race Ne gro 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Daisy 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 22, 1894  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
47 8 12 hr. \_\_\_\_\_ min.

9. Birthplace unknown <sup>9</sup>  
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business \_\_\_\_\_

12. Name unknown <sup>9</sup>

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

14. Maiden name unknown

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

16. (a) Informant Missouri Prison Records

(b) Address Jefferson City, Mo.

17. (a) Removal (b) Date thereof 11-21-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Mo

18. (a) Signature of funeral director Thorpe J. Gordon

(b) Address Jefferson City Mo

19. (a) 11-20-1941 (b) Norma Richter  
(Data received local registrar) (Registrar's signature)

017 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

NOV 25 1944

**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

*Louis Fuest*

Licensed Embalmer No.

*4096*

P. O. Address

*Jefferson City*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**