

FILED FEB 19 1942

Registration District No. 733

Primary Registration District No. 5193

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton
(c) Name of hospital or institution: Carroll Co. Home for the Aged
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll
(c) City or town Dewitt
(d) Street No. _____
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME Russell Casebolt
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25
year 1942 hour 4 minute 00 P.M.

21. I hereby certify that I attended the deceased from 1-20 1942 to 1-25 1942
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex M 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 _____ years

Immediate cause of death Hodgkins disease
Duration 3

7. Birth date of deceased Oct 15 1896
8. AGE: Years 47 Months 3 Days 10 or _____ min.

Due to _____
Due to _____

9. Birthplace Carroll Co. Mo.

Other conditions _____

10. Usual occupation _____

Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Richard Casebolt
13. Birthplace Carroll Co. Mo.
14. Maiden name Mary Bryant
15. Birthplace _____

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? _____

16. (a) Informant Wm Adkins
(b) Address Dewitt Mo.
17. (a) Burial (b) Date thereof 1-28-42
(c) Place: burial or cremation Dewitt Mo.

23. Signature William B. Atwood (M. D. or other) _____
Address Carrollton Mo Date signed 1/27/42

18. (a) Signature of funeral director Stanley Carrollton Mo
(b) Address _____
19. (a) 1-27-42 (b) Mrs James R. Rafferty

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

Case File Number

Date Filed

2-17-42

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 *Ben W. Gibson*

Licensed Embalmer No. *2961*

P. O. Address *Carrollton 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.