

No. 2
-1-4-41
5-17-39
1 X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2116

FILED FEB 18 1942

Registration District No. 243

Primary Registration District No. 4148

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Dawson
(b) City or town Altamont
(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.
In this community 70 yrs 1 month 10 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Davies
(c) City or town Altamont
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Benton McCaskey
3. (b) If veteran name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Pauline 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Nov 26 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 10 If less than one day 7 hr. 30 min.

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

10. Usual occupation Merchant

11. Industry or business Grocery

12. Name William Allen McCaskey

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

14. Maiden name Martha Ellen Burns

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

16. (a) Informant Al G McCaskey
(b) Address Altamont, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-42
(Month) (Day) (Year)

(c) Place: burial or cremation Altamont Mo

18. (a) Signature of funeral director Mrs. Kate Sharp
(b) Address Winston, Mo

19. (a) 1-17-42 (Date received local registrar) (b) L. C. Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15
year 1942 hour 7 minute 10 A.M.
21. I hereby certify that I attended the deceased from Jan 14 1942 to Jan 15 1942
that I last saw him alive on Jan 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction Duration 1 da.
Due to strangulated right inguinal hernia.

Other conditions chronic myocarditis 3 yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 1220
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) (e) Means of injury _____
23. Signature C. Stompton (M. D. or other) _____
Address Cameron Mo Date signed 4/15/42

1084 (Licensed Embalmer's Statement on Reverse Side)

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

100

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. 1180

P. O. Address Cameron, 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.