U. S. No. 2
M—1-4-41
Rev. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
U. S. BUREAU OF THE CENSUS

FILED MAR 9 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5243

Primary Registration District No. 1002

Registrar's No. 504

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1118 Monroe
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 31 Yrs.

2. USUAL RESIDENCE OF DECEASED: 48
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 1118 Monroe
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country: no

3. (a) PRINT FULL NAME: Samuel B. Caskey
3. (b) If veteran, name war: ____
3. (c) Social Security No.: No
4. Sex: Male ~~White~~
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Tillitha Caskey
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: March (Month) 5 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
74	10	28	____ hr. ____ min.

9. Birthplace: ____ (City, town, or county) Texas (State or foreign country)
10. Usual occupation: Sec. Foreman Retired
11. Industry or business: Mo Pac. Ry. Co
FATHER
12. Name: Thomas Caskey
13. Birthplace: ____ (City, town, or county) Texas (State or foreign country)
MOTHER
14. Maiden name: Lucinda Brown
15. Birthplace: ____ (City, town, or county) Texas (State or foreign country)
16. (a) Informant: Tillitha Caskey
(b) Address: 1118 Monroe
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 6 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Washington
18. (a) Signature of funeral director: Mrs C. L. Forster
(b) Address: 918 Brooklyn
19. (a) 2-5-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3 1942 year 1942 hour 9 minute A M.
21. I hereby certify that I attended the deceased from Jan 15, 1942, to Feb. 3, 1942, that I last saw him alive on Feb. 3, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic pneumonia	2 days
Due to Heart. Left bundle-branch block.	
Due to 9 yrs	
Other conditions (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: F. W. Thompson (M. D. or other) DO
Address: 1010 Chamber's Bldg Date signed: 2/3/42

(Licensed Embalmer's Statement on Reverse Side)

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 me, Registered Apprentice No. , working under my personal supervision.

Signed C. H. Wise

Licensed Embalmer No. 2570

P. O. Address Kennett 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.

$10 F.W. Thompson
12, walnut