

1. PLACE OF DEATH:

(a) County Cassell
(b) City or town Cassell, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Atwood Hospital (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community nearly 6 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cassell 17
(c) City or town Cassell 1
(If outside city or town limits, write "RURAL")
(d) Street No. 408 West Butler (1)
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 6
year 1942 hour _____ minute 10 a M.
21. I hereby certify that I attended the deceased from 1-18-42
_____, 19____, to 3-6 1942
that I last saw h. 4 alive on _____ 3-6 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of the
Liver

Duration

?

Due to _____
Due to Hb f
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Carcinoma of
Of operations Liver
Of autopsy _____

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 0

23. Signature W.G. Atwood (M. D. or other) _____
Address Cassell, Mo Date signed 3/4

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

3. (a) PRINT FULL NAME Virginia F. Reid
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 1 Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J.S. Reid 6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased 11 (Month) 14 (Day) 1869 (Year)

8. AGE: Years 72 Months 3 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Home Wife

11. Industry or business _____

MOTHER FATHER { 12. Name John F. Cassell 9
13. Birthplace X X X (City, town, or county) (State or foreign country)
14. Maiden name Susan Buggard 9
15. Birthplace X X X (City, town, or county) (State or foreign country)

16. (a) Informant E.C. Ruffe
(b) Address Kansas City, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 9 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Mariah Cem. K.C. Mo

18. (a) Signature of funeral director Willis - Marshall
(b) Address Cassell, Mo

19. (a) 3-7-1942 (Date received local registrar) (b) Mo. James R. Rafferty (Registrar's signature)

RECEIVED

District Health Officer No. 8,

District File Number

Case No. 3-13-42

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 *myself*

....., Registered Apprentice No.

working under my personal supervision.

Signed

R. M. Marshall

Licensed Embalmer No. *2525*

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.