S. No. 2
M—1-4-41
v. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 2 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10214

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 284

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

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1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Charles Hotel (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether

In this community 1 Mo. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph (If outside city or town limits, write "RURAL") 011 1 7

(d) Street No. St Charles Hotel (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME John Cassell

3. (b) If veteran, name war No

3. (c) Social Security No 227-01-9425

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Virginia Cassell

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased June (Month) 10 (Day) 1906 (Year)

8. AGE: Years	Months	Days	If less than one day
35	9	5	hr. min.

9. Birthplace ✓ (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation Baker Cripes Bakery

11. Industry or business

FATHER
12. Name Robert Cassell
13. Birthplace Bythinie ROBERTS (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name MALINDA ROBERTSON
15. Birthplace Morristown (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Mrs Robert Cassell

(b) Address Clarendon Tex.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 17 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address St Joseph Mo.

19. (a) Mar. 12 1942 (Date received local registrar) (b) H. J. Mistlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 15 year 1942 hour 7 minute 20 R.M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ on Mar 15, 1942 to ____, 19__;

that I last ~~saw~~ ~~alive~~ on ____, 19__;

and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 day
Due to Chronic Myo Carditis and Chronic Multiple Arthritis	1 year 1 year
Due to 93d	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Man died suddenly following attacks of indigestion and shortness of breath.

Of operations

Of autopsy No. A history of chronic arthritis and rheumatism.

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 3

23. Signature H F Mundy (M. D. ~~or other~~ Coroner)

Address 404 So 3d ST. JOSEPH Date signed 3/16/42

(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

3-15-42, Registered Apprentice No.

working under my personal supervision.

Signed Geo E Daniel

Licensed Embalmer No. 3300

P. O. Address St Joseph 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.