

FILED APR 15 1942

Registration District No. 1845

Primary Registration District No. 6167

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Rural - Washington Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital # 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 mos - 6 days
(Specify whether years, months or days)
In this community 9 mos - 6 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry
(c) City or town Rural -
(If outside city or town limits, write "RURAL")
(d) Street No. R # 1, Clinton
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

8. (a) PRINT FULL NAME Jesse Scott Cashman

8. (b) If veteran, name war None 8. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Divorced

6. (b) Name of husband or wife Wells 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased July 11 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 4 If less than one day - hr. - min.

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

10. Usual occupation Butcher

11. Industry or business Meat Market

12. Name William C. Cashman

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

14. Maiden name Nellie Scott

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

16. (a) Informant Records State Hosp # 3
(b) Address Nevada, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/42
(Month) (Day) (Year)
(c) Place: burial or cremation Clinton, Mo.

18. (a) Signature of funeral director Marshall
(b) Address Nevada, Mo.

19. (a) March 15, 1942 (Date received local registrar) (b) Santry Steingross (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1942 hour 9:15 minute P. M.

21. I hereby certify that I attended the deceased from June 12, 1941 to March 15, 1942, that I last saw him alive on March 15, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 24 hrs

Due to Senility

Due to Degenerative Heart Disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 107

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?

While at work? (Specify type of place) (a) Means of injury 0

23. Signature Walter H. Potter (M. D. or other) M.D.
Address Nevada, Mo. Date signed 3-15-42

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 4-49-429

Date Filed 4-14-42

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.....

Licensed Embalmer No. 2656

P. O. Address Nevada, 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, above space should be left blank.