

U. S. No. 2
M-11-10-39
rev. 5-17-39
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14153

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 25 1942

Registration District No. 229

Primary Registration District No. 5211

Registrar's No. _____

1. PLACE OF DEATH: Crawford

(a) County _____

(b) City or town Sullivan - (Small Town)
(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 _____ (Specify whether)
In this community 4 Years. (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED: _____

(a) State Missouri. (b) County Crawford

(c) City or town Sullivan
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Fred W. Kassell.

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th
year 1942 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from 3/10, 1942 to 5/15, 1942
that I last saw him alive on 5/15, 1942
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret Kassell

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased February 13 1888
(Month) (Day) (Year)

Immediate cause of death Myocarditis

Due to _____

Due to _____

8. AGE: Years 72 Months 3 Days 4 If less than one day _____ hr. _____ min.

Other conditions General
anasarcia

Major findings: _____
Of operations _____

Of autopsy _____

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Night Watchman

11. Industry or business Watchman

12. Name John M. Kassell

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

14. Maiden name Francis Ruffsteter

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

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 _____

16. (a) Informant Malcolm Kassell

(b) Address 5530 Lansdowne, St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18, '42
(Month) (Day) (Year)

(c) Place: burial or cremation Sullivan, Missouri

18. (a) Signature of funeral director Miss P. Buff
Sullivan, Missouri

(b) Address _____

19. (a) May 19 1942 (Date received local registrar) (b) C. W. Adams (Registrar's signature)

23. Signature W. H. Burwell (M. D. or other) _____
Address St. Louis, Mo Date signed 5/18/42

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

MOTHER FATHER

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

200

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 Edgar W. Laffoon

Licensed Embalmer No. 3394

P. O. Address Sullivan 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.