

FILED JUL 9 1942  
Registration District No. 3299

Primary Registration District No. 1002

Registrar's No. 2520

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
St. Marys Hosp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Wk  
(Specify whether years, months or days)

In this community 49 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Kansas City Mo 3  
(If outside city or town limits, write "RURAL") 8

(d) Street No. 3 West Meyer  
(If rural, give location) h

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

If yes, name country .....

3. (a) PRINT FULL NAME John Lawrence Cashen

3. (b) If veteran, name war None

3. (c) Social Security No. None

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

6. (b) Name of husband or wife Anna Mae 6. (c) Age of ~~husband or~~ wife if alive 51 years

7. Birth date of deceased Dec 25 1893  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>48</u>	<u>6</u>	<u>7</u>
				br. min.

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

10. Usual occupation Tire Buisness

11. Industry or business retired

MOTHER FATHER { 12. Name John J. Cashen

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

14. Maiden name Katherine Milligan

15. Birthplace Pleasant Hill Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Mae Cashen

(b) Address 3 West Meyer

17. (a) Burial (b) Date thereof 7-3-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Harley Roe

(b) Address 7406 Wornall Rd

19. (a) 7-3-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day second  
year 1942 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from 6-28-42  
to 7-2-42  
that I last saw him alive on 7-1-42  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Hypertension and chronic nephritis

Due to .....

Other conditions (Include pregnancy within 3 months of death) 131B

Duration 4 days  
5 hours

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? .....

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

23. Signature M. D. Crowe (M. D. or other) M.D.  
Address 709 E 69 St. W. L. P. Mo Date signed 7-3-42

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

HF

361

**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.....

*Harlyn Roe*....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Harlyn Roe*  
Licensed Embalmer No. *2810*.....

P.O. Address *H. E. M.*.....

**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.**