

FILED AUG 10 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24481
Do not use this space.

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1. PLACE OF DEATH
 (a) County Jackson Registration District No. 398
 (b) Township Blue 2nd Primary Registration District No. 5554 Registered No. 190
 (c) City Independence (d) Street No. 800 East Herford Street St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 5 yrs. ✓ mos. ✓ ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARY FIDELIA CASWELL

(a) Residence, No. Independence Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clarence Caswell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-27-1859

7. AGE YEARS 83 MONTHS 8 DAYS 20 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
 9. Industry or business in which work was done, as saw mill, bank, etc. her own Home
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wetmore Missouri

FATHER
 13. NAME Peter Hill
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.J.

MOTHER
 15. MAIDEN NAME "Miss" Jones
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.J.

17. INFORMANT (ADDRESS) Mr. Eugene Caswell
800 E Herford Independence Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Burials Mo DATE July 20/42

19. FUNERAL DIRECTOR (NAME) (ADDRESS) BICKNER Mo. J. M. Reppert

20. FILED 7-19 - 1942 Jamieson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1942

22. I HEREBY CERTIFY That I attended deceased from May 27, 1942, to July 17, 1942
 I last saw her alive on May 27, 1942. Death is said to have occurred on the date stated above, at 11:00 PM
 The principal cause of death and related causes of importance were as follows:
Senility
162 lb
 Other contributory causes of importance
Chronic failing heart

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify no
 (Signed) Tracy Garrison
 (Address) Independence Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

P. O. Address.....

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.