

Registration District No. 314 Primary Registrar's District No. 6075 Registrar's No. 103

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

94  
0  
0

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution: State Hospital No. 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mos. 2 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

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

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

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. ....

3. (a) PRINT MIMS CLINTON CASON  
FULL NAME

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21st  
year 1942 hour 4 minute 30 P.M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Pearl

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

7. Birth date of deceased Nov. Unknown  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-2-42 19... to 8-21-42 19...  
that I last saw him alive on 8-21-42 19...  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

73 hr. min.

Immediate cause of death Cerebral Hemorrhage Duration 24 hrs.

Due to Arteriosclerosis 1 yr +

9. Birthplace Chesterfield So. Car.  
(City, town, or county) (State or foreign country)

10. Usual occupation Switchman

Other conditions Psychosis & Cerebral arteriosclerosis  
(Include pregnancy within 3 months of death) 8 mos.

11. Industry or business

12. Name John Cason

13. Birthplace Chesterfield So. Car.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Timmons

15. Birthplace Chesterfield So. Car.  
(City, town, or county) (State or foreign country)

Major findings: Of operations 932

Of autopsy

Underline the cause to which death should be charged statistically.

16. (a) Informant State Hosp. #4 Records

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 8-22-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo.

18. (a) Signature of funeral director C. Richardson  
Poplar Bluff, Mo.

(b) Address Farmington, Mo.

19. (a) 8-25-1942 (b) Tyrdie T. Bohmer  
(Date received local registrar) (Registrar's signature)

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work 87 South M. D. Jays (Specify type of place) (e) Means of injury

Signature Cl Tivis Graves, Jr. (M. D. or other) MD

Address Farmington, Mo. Date signed 8-25-42

RECEIVED

District Health Officer No. 4  
District File Number 942-1108  
Date Filed 9-3-42

**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 Chas. Richardson  
Licensed Embalmer No. 3167  
P. O. Address Hamington 1110

**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.**