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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 5 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3535

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1506 E. 12th St 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community About 20 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48 3 8
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 1506 E. 12th St (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Hubert Cassol
3. (b) If veteran, name war no.
3. (c) Social Security No. none
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Separated
6. (b) Name of husband or wife Carrie Cassol
6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased December 25, 1891 (Month) (Day) (Year)

8. AGE: Years 50 Months 8 Days 17 If less than one day hr. min.

9. Birthplace Pleasant Hill, Mo. (City, town or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business none
FATHER
12. Name Wilson Berry
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Annie Barret
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Alpha Hamilton
(b) Address 14 11 Pacific
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-24-42 (Month) (Day) (Year)
(c) Place: burial or cremation Blue Ridge
18. (a) Signature of funeral director E. Sterling Bills
(b) Address 1212 Vine St. Kansas City, Mo.
19. (a) 9-26-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 12 year 1942 hour 8:15 minute A. M.
21. I hereby certify that I attended the deceased from Carmen, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to 93D
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Inspection & Histo

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address K.C. Mo. Date signed 9/14/42

(Licensed Embalmer's Statement on Reverse Side)

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 E. Sterling Biles

Licensed Embalmer No. 3178

P. O. Address 1212 Vine K.C.

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.