V. S. No. 2
OM—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30063

Registration District No. 67 Primary Registration District No. 5237 Registrar's No. 35

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town RURAL (Cedar Twp) (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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Cedar 20
(c) City or town RURAL (If outside city or town limits, write "RURAL") 0
(d) Street No. Cedar Township (If rural, give location) 0
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME EMILY HELEN CASEY
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wm Casey
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased January (Month) 26 (Day) 1854 (Year)

8. AGE: Years 86 Months 7 Days 6 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name S. L. SMITH
13. Birthplace (City, town, or county) Mo (State or foreign country) 0
MOTHER
14. Maiden name Mary CASEY
15. Birthplace (City, town, or county) W. VIR (State or foreign country)
16. (a) Informant Elza Casey
(b) Address R5 El Dorado Springs Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6-42 (Month) (Day) (Year)
(c) Place: burial or cremation Hazel Dell (Cem)
18. (a) Signature of funeral director Gwinn Siders
(b) Address El Dorado Springs Mo
19. (a) 9-4-42 (Date received local registrar) (b) L. T. Dunaway Mo (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2 year 1942 hour 8 minute 30 A M.

21. I hereby certify that I attended the deceased from Aug. 30, 1942 to Aug. 30, 1942 that I last saw her alive on Aug. 30, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Valvular Heart Disease	5 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93d

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 J. R. Williams (M. D. ~~or other~~)
Address El Dorado Springs, Mo. Date signed 9-4-42

1046

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 10-42-1126
Date Filed 10-12-42

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 .....

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, fact should be so stated above.