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FILED MAR 6 1943

Registration District No. 77

Primary Registration District No. 3012

Registrar's No. 229

1. PLACE OF DEATH:

(a) County. Clay

(b) City or town. Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Excelsior Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 30 days
(Specify whether years, months or days)

In this community. about 25 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. Clay

(c) City or town. Excelsior Springs
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

3. (a) PRINT FULL NAME Andrew Willis McCausland

3. (b) If veteran, name war. no 3. (c) Social Security No. no

4. Sex. male 5. Color or race. w 6. (a) Single, widowed, married, divorced. Single

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if

7. Birth date of deceased. April 26 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>9</u>	<u>24</u>hr.min.

9. Birthplace. Washington Co Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation. Farmer

11. Industry or business.

12. Name. Hugh M^c Causland

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

14. Maiden name. Uniontown

15. Birthplace. Uniontown 9
(City, town, or county) (State or foreign country)

16. (a) Informant. J. C. Eldridge
(b) Address. 306 N Howard St Indianola Iowa

17. (a) Removal (b) Date thereof. 20-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Washington Iowa

18. (a) Signature of funeral director. Clayton P. Richman
(b) Address. Excelsior Springs Mo

19. (a) 2-20-43 (b) Mrs. Edna Redman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from Jan 20 1943 to Feb 20 1943 and that death occurred on the date and hour stated above.

Immediate cause of death. Arteriosclerosis + fibrillation with myocardial damage -

Due to. arteriosclerosis + general aemilia + sepsis

Due to.

Other conditions. Carcinoma of prostate
(Include pregnancy within 3 months of death)

Major findings: none

Of operations.

Of autopsy. 518

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

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

1166

23. Signature. J. P. Atcherson (M. D. or other) 0
Address. Excelsior Springs Mo Date signed 2/20/43

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-4-43

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

Bland Richard

Licensed Embalmer No. 2757

P. O. Address Excelsior, Spain

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.