

FILED MAY 10 1943 331

Registration District No.

Primary Registration District No. 6113

Registrar's No. 6

1. PLACE OF DEATH:

(a) County. Scott
(b) City or town. Rural, Benton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Farm next to Lee Field
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. none
(Specify whether
In this community 2 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Scott
(c) City or town. Harris Field
(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 FULL NAME. CASSERA, DOMINICK A.

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

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

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

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

8. AGE: Years 70 Months Days If less than one day hr. min.

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

10. Usual occupation. Instructor - Army Post

11. Industry or business. U.S. Air Corp.

12. Name. Anthony Cassera

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

14. Maiden name.

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

16. (a) Informant. Records, Harris Field

(b) Address. Cape Girardeau, Mo

17. (a) Burial (b) Date thereof. 4 27 43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Nurley, N. J.

18. (a) Signature of funeral director. J. S. Lawrence
(b) Address. Cape Girardeau, Mo

19. (a) 4-28-43 (b) Leon J. Jurek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1943 hour 1 minute 40 P.M.

21. I hereby certify that I attended the deceased from April 26, 1943 to April 26, 1943
that I last saw him alive on April 26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. destruction of vital centers

Due to. Aircraft accident

Due to.

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

Major findings: Of operations.
Of autopsy.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 100

(b) Date of occurrence. April 26, 1943

(c) Where did injury occur? Lee Field, Scott, Mo
(City or town) (County) (State)

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

While at work? yes (Specify type of place) aircraft
(a) Means of injury. accident

23. Signature. Howell D. Helm (M. D. or other) MD
Address. Harris Field, Capt. Helm Date signed. 4/27/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1128 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 543-647

Date Filed 5-2-43

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.....

not embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Meloid Estes

Licensed Embalmer No. 3568

P. O. Address *Cape Girardeau Mo*

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.

1943 S-15637

Wanda Re...

...

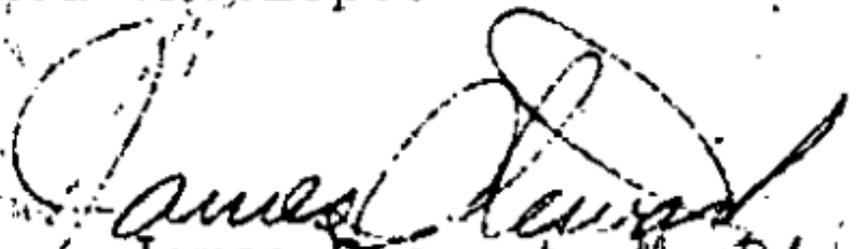
Body sent to Nutley, New Jersey for burial so is probably usual place of residence. No other information available.

Louisa Tirmenstein
Lacash...

...

Please write requested information
on the face of the supplemental
and return immediately in the en-
closed franked envelope.

Thank you.


James Stewart, M. D.

Special Agent, Bureau of the Census

Registration District No. 331

Primary Registration District No. 6113

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

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Rural Moreland 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..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Cassera Dominick A
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

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

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

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 26
year 1943 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

SUPPLEMENTARY 26

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.