

FILED JUN 11 1943
37

State File No. _____
Registrar's No. 12

Registration District No. _____

Primary Registration District No. 4049

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Centralia
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone
(c) City or town Centralia
(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 INEZ CASHIN

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

4. Sex ♀ 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John Cashin 6. (c) Age of husband or wife if alive _____ years

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

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

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

10. Usual occupation house wife

MOTHER, FATHER

11. Industry or business _____
12. Name Johannes H. J.
13. Birthplace Mo
14. Maiden name Elizabeth Fletcher
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) Burial (b) Date thereof 5-15-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friendship Church Cem

18. (a) Signature of funeral director M. M. [unclear]
(b) Address Centralia Mo

19. (a) 5-15-1943 (b) Chas. S. Wright
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____

that I last saw him _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Heart ailment
Duration _____

Due to _____
Due to "Myocarditis"

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

Major findings: Of operations _____
Of autopsy none
9321

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 May 3rd - 1943
(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 Alvin McLean (M.D. or other) _____
Address Centralia Mo Date signed 5/3/43

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

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: *MD Mohamed*

Licensed Embalmer No. *4313*

P. O. Address: *Centerville 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.