

ED JUN 30 1943

Registration District No. 149

Primary Registration District No. 1002

2755

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: Wheatley Provident Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5/18-6/13/1943
(Specify whether
In this community 21 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1209 Garfield
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Leona Caskey

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased August 17, 1884
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>58</u> | <u>9</u> | <u>26</u> | hr. min. |

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

10. Usual occupation At Home

11. Industry or business None

12. Name Williams

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

14. Maiden name Martha

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

16. (a) Informant Sadia Caskey

(b) Address 1209 Garfield

17. (a) Burial (b) Date thereof June 18, '43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

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

(b) Address 1729 Lydia

19. (a) 6-19-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 13 day Sunday
year 1943 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from May 18
1943 to June 13, 1943
that I last saw her alive on June 13, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uterine Cancer Duration 9 months

Due to 48

Due to 48

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

Major findings: Of operations 48

Of autopsy 48

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? _____

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

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

Address 1605 E. 18 - K.C. Mo. Date signed 6-14-43

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.....

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.