

1. No. 2
-5-42
5-17-35
I X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38425

ED DEC 4 1943

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 42

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Missouri Camp
(c) Name of hospital or institution Jasper Co TB Hospital A
(d) Length of stay: In hospital or institution 15 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town St Joseph
(d) Street No. 2075 North 16th St
(e) Citizen of foreign country? (Yes or No) No

In this community years, months or days
3. (a) PRINT FULL NAME Leroy Cassidy
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 15 year 1943 hour 8 minute 45 A.M.

4. Sex male
5. Color or race W
6. (a) Single, widowed, married, divorced, or widowed
6. (c) Age of husband or wife if alive years

21. I hereby certify that I attended the deceased from Oct 21 1943 to Nov 15 1943 that I last saw him alive on Nov 15 1943 and that death occurred on the date and hour stated above.

7. Birth date of deceased Nov 21 1897
8. AGE: Years 45 Months 11 Days 24

Immediate cause of death Pulmonary & Laryngeal Tuberculosis
Due to Tuberculosis

9. Birthplace Melton Mo

Other conditions (Include pregnancy within 3 months of death) 1381

10. Usual occupation Wanner Cassidy
11. Industry or business Jack Ky

Major findings: Of operations
Of autopsy
PHYSICIAN Underline the cause to which death should be charged statistically.

12. Name
13. Birthplace
14. Maiden name Phyllis L. Wanner

15. Birthplace Ma

16. (a) Informant Records
(b) Address

17. (a) Burial (b) Date thereof Nov 17 1943
(c) Place: burial or cremation St Joseph Mo

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

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

While at work (Specify type of place) (c) Means of injury

19. (a) Nov 16 1943 (b) Registrar's signature

23. Signature Jess B. Dangler M. D. or
Address St. Joe City Mo Date signed 11/15/43

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

19
0
0

11:50

(Licensed Embalmer's Statement on Reverse Side)

73-11-939

JAN 13 1950

DEC 7 1949

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 myself.

....., Registered Apprentice No.
working under my personal supervision.

Signed Blayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Well City, 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.