S. No. 2
0M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 5 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40880

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5498

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 7418 WYOMING STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ----- (Specify whether
In this community 61 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 7418 WYOMING STREET 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ----- d

3. (a) PRINT FULL NAME MRS. BARBARA C. CASSIDY
3. (b) If veteran, name war No
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MR. CHARLES M. CASSIDY
6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased APRIL (Month) 9 (Day) 1877 (Year)

8. AGE: Years 66 Months 8 Days 14 If less than one day ___ hr. ___ min.

9. Birthplace SLATER (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business ----
FATHER
12. Name GUSTAVE OXLER 4
13. Birthplace BERLIN (City, town, or county) GERMANY (State or foreign country)
MOTHER
14. Maiden name JULIA KRESSIG
15. Birthplace BERLIN (City, town, or county) GERMANY 4 (State or foreign country)
16. (a) Informant Mr. Charles M. Cassidy
(b) Address 7418 Wyoming
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 27 1943 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.
18. (a) Signature of funeral director D. W. Newcomers Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 12-24-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 23 RD year 1943 hour 12 minute 10 P. M.
21. I hereby certify that I attended the deceased from 8-25-43, 19__, to 12-21-43, 19__; that I last saw her alive on 12-21-43, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~Co~~ malnutrition	2 mo
Due to Ca of pancreas	
Due to	
Other conditions (Include pregnancy within 3 months of death) 46g	
Major findings: Of operations Ca of pancreas	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature J. Albert Nigro (M. D. or other)
Address 1925 Argyle bg Date signed 12-23-43

(Licensed Embalmer's Statement on Reverse Side)

925 Argyle Blvd

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.