

BUROAU OF THE CENSUS  
FILED FEB 18 1944

Registration District No. 149

Primary Registration District No. 1002

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: 3425 Chestnut  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 46 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME FRED G. CASEY

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Bessie 6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased March 30, 1875  
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 1 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Druggist

11. Industry or business Retired 12 years

12. Name John Casey

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

14. Maiden name Ida L. Green Diamond

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

16. (a) Informant Mrs. Bessie Casey

(b) Address 3425 Chestnut

17. (a) Burial (b) Date thereof 2/3/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Durbin & John Co.

(b) Address 20 W. Linwood

19. (a) Feb 1, 1944 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

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. 3425 Chestnut  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31st  
year 1944 hour 1: minute 00 P.M.

21. I hereby certify that I attended the deceased from Jan 27, 1944 to Jan 31, 1944  
that I last saw him alive on Jan 31, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac embolism  
Due to Bathema 12 year  
Pneumonia - Lobar 3 days

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
108

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) (c) Means of injury 1

23. Signature S. W. Hubbard (M. D.)  
Address 226 Washburn Bldg Date signed Feb 1, 44

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

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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 Charles M. Zwick

Licensed Embalmer No. 3774

P. O. Address. O. C., 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.**