S. No. 2
DM—2-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1945

Registration District No. 140

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14781

Primary Registration District No. 3024

Registrar's No. 27

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

1. PLACE OF DEATH:

(a) County Howard,

(b) City or town Fayette, Mo.
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Howard,

(c) City or town Fayette, Mo. /
(If outside city or town limits, write "RURAL")

(d) Street No. /
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) /

If yes, name country O

3. (a) PRINT FULL NAME James Earl Casey.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male O

5. Color or race White,

6. (a) Single, widowed, married, divorced Married,

6. (b) Name of husband or wife Catherine Casey.

6. (c) Age of husband or wife if alive 35 years

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

8. AGE:	Years	Months	Days	If less than one day
	47			hr. min.

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

10. Usual occupation Hotel

11. Industry or business

FATHER
12. Name Unknown,
13. Birthplace 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown,
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Casey,
(b) Address Fayette, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-28th 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Burial.

18. (a) Signature of funeral director Guy T. Halley.
(b) Address Fayette, Mo.

19. (a) 4-26-1944 (Date received local registrar) (b) Ernest McMillan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 26
year 1944 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from APRIL 25, 1944, to APRIL 26, 1944
that I last saw him alive on APRIL 26, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	6 hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ←	
Of autopsy ←	

94a

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 O

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

Address Fayette, Mo Date signed 4-26-44

1821

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 5-5-44

FEB 23 1950

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 Guy T Halley

Licensed Embalmer No. 2965

P. O. Address Fayette 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.