

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Jasper
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Johns
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 months
 In this community 74 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Jasper
 (If outside city or town limits, write "RURAL")
 (d) Street No. 827 - Murphy
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William Green Casley
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 26th
 year 1944 hour 5 minute 10 M.
 21. I hereby certify that I attended the deceased from Dec 14 - 1944
 _____, 19____, to May 26, 19____
 that I last saw him alive on May 26, 1944
 and that death occurred on the date and hour stated above.

4. Sex M color W
 5. Color or race W
 6. (a) Single, widowed, married, divorced 2
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 3 1864
 (Month) (Day) (Year)

Immediate cause of death Fracture left hip
 Duration 5 hrs - 12 days

8. AGE: Years 80 Months 4 Days 23
 If less than one day hr. _____ min. _____

Due to _____
 Due to _____

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

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

10. Usual occupation Retired Grocery Merchant
 11. Industry or business _____

Major findings: _____
 Of operations _____
 Of autopsy _____

12. Name Unknown
 13. Birthplace Unknown MI (State of foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown MI (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. R. C. Herb
 (b) Address 816 West B. St.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident
 (b) Date of occurrence Dec 14 - 1943

17. (a) Burial (b) Date thereof 5-29-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____

(c) Where did injury occur? His home Jasper, Miss. MO.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 His home - fell on floor.

18. (a) Signature of funeral director Harold Pillars
 (b) Address 4th & West of Jasper
 19. (a) 5-27-44 (b) Gustave S. Sutherland
 (Date received local registrar) (Registrar's signature)

While at work? No (Specify type of place) (e) Means of injury fall on floor
 23. Signature Ernest Mitchell (M.D. or other) M.D.
 Address Jasper MO Date signed 5-27-44

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

44-5-435

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 Carl A. Shambell

Licensed Embalmer No. 3590

P. O. Address Spring 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.