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M-5-43  
7-5-17-39  
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19320

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAY 29 1944

Registration District No. 351

Primary Registration District No. 4516

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Janey

(b) City or town Farrslyth  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Home 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community all life

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Janey (Mo)

(c) City or town Farrslyth  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route Farrslyth top  
(If rural, give location)

(e) Citizen of foreign country? USA (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JANE FERN CASEY

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month april day 2 not  
year 1944 hour 7 minute 39 P.M.

21. I hereby certify that I reported the deceased from at time of death to \_\_\_\_\_ 1944  
that I last saw her alive on april 2 1944  
and that death occurred on the date and hour stated above.

4. Sex female

5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

7. Birth date of deceased may 5 1930  
(Month) (Day) (Year)

Immediate cause of death acute myocardial failure

Due to \_\_\_\_\_

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

13 11 27 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 932

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

10. Usual occupation school girl

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

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

11. Industry or business \_\_\_\_\_

12. Name Ivan Casey

13. Birthplace Farrslyth mo  
(City, town, or county) (State or foreign country)

14. Maiden name Diamond Gullett

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

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? \_\_\_\_\_

16. (a) Informant Ivan Casey

(b) Address Farrslyth mo

17. (a) Burial (b) Date of april 7 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farrslyth mo

18. (a) Signature of funeral director Frank Farrslyth

(b) Address Farrslyth mo

19. (a) James Miller (b) James Miller  
(Date received local registrar) (Registrar's signature)

May 20, 44 John  
(Licensed Embalmer's Statement on Reverse Side)

White at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 2

23. Signature James Miller (M. D. or other) \_\_\_\_\_  
Address Dannon, Mo. Date signed 4/16/44

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

MOTHER FATHER

**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 *Minnie L. Welchel*

Licensed Embalmer No. *2277*

P. O. Address *Bronson 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.**