S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37628

FILED NOV 24 1944

Registration District No. [illegible] Primary Registration District No. 5409 Registrar's No. 92

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

400

1. PLACE OF DEATH:
(a) County DOUGLAS
(b) City or town MILLER TWP—RURAL (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) 1
(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) 63 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County DOUGLAS 340 11
(c) City or town MILLER TWP—RURAL (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NO

3. (a) PRINT FULL NAME Sarah Elisabeth Casida
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 1 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Louie Casida
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased DEC. (Month) 14 (Day) 1878 (Year)

8. AGE: Years 65 Months 9 Days 21 If less than one day hr. min.

9. Birthplace KNOX CO. (City, town, or county) TENN. (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business

MOTHER FATHER
12. Name JAMES SHINPAUGH
13. Birthplace ✓ (City, town, or county) TENN. (State or foreign country)
MOTHER
14. Maiden name MARGARET SHADDEN
15. Birthplace ✓ (City, town, or county) TENN (State or foreign country)

16. (a) Informant Louie Casida
(b) Address MANSFIELD MO—R-4
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 10. 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Prairie Hollow Cem.
18. (a) Signature of funeral director Chas. Steffe
(b) Address MANSFIELD MO
19. (a) 11-1-1944 (Date received local registrar) (b) Zula Spurlock Deputy (Registrar's signature)

1056

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 5 year 1944 hour 10 minute 15 P M.
21. I hereby certify that I attended the deceased from Jan 1 1943 to Oct 5 1944 that I last saw him alive on Oct 5 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Stomach	2 years
Due to: unknown	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 [illegible] (M. D. or other)
Address Mansfield Mo Date signed 10/9/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1144-1211
Date Filed NOV 21 1944

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 F. C. Sliffe

Licensed Embalmer No. 3221

P. O. Address Campbell Cal

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.