. S. No. 2
DM—8-43
v. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40453

Registration District No. FILED DEC 18 1944

Primary Registration District No. 2002 ~~3000~~

Registrar's No. 310

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: Rural R. No. 3, Kirksville, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 83 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Rural R. No 3- Kirksville
(If outside city or town limits, write "RURAL")

(d) Street No. R. R. No. 3
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Frances I. Cason

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William Cason

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

7. Birth date of deceased Nov. (Month) 1 (Day) 1846 (Year)

8. AGE: Years 98 Months 0 Days 6 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Dye
13. Birthplace (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Susan Cameron
15. Birthplace (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Ezra E. Cason
(b) Address Kirksville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/9/44 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park Cemetery

18. (a) Signature of funeral director [signature]
(b) Address Kirksville, Mo.

19. (a) 11-28-44 (Date received local registrar) (b) Mrs. J. L. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov. day 7
year 1944 hour 5:30 minute P: M.

21. I hereby certify that I attended the deceased from Oct 20, 1944 to 11/7, 1944
that I last saw her alive on Oct 20, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Indemnity of age

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 162

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 [signature] (M. D. ~~or other~~)
Address Kirksville Date signed 11/24/44

1044

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-44-2073
Date Filed DEC 15 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 D. E. Riley

Licensed Embalmer No. 4181

P. O. Address Kistinville O

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.