S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 20 1944

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4054

State File No. 40637

Registrar's No.

**1. PLACE OF DEATH:**

(a) County Buchanan

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 62 yrs
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Buchanan

(c) City or town Rushville
(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 ____

3. (a) PRINT FULL NAME Ida May Cassity

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Stephen H

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Jan (Month) 19 (Day) 1882 (Year)

8. AGE: Years 62 Months 10 Days 23 If less than one day ____ hr. ____ min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jackson Frakes
13. Birthplace DeKalb (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Louisa Gorton
15. Birthplace DeKalb (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Stephen H. Cassity
(b) Address Rushville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-44 (Month) (Day) (Year)
(c) Place: burial or cremation DeKalb Cem

18. (a) Signature of funeral director Fleeman & Son Inc
(b) Address St Joseph, Mo

19. (a) 12-15-44 (Date received local registrar) (b) Helen J. Pickle (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 12
year 1944 hour 10 minute P M.

21. I hereby certify that I attended the deceased from Aug 22, 1944, to Dec 12, 1944
that I last saw her alive on Nov. 17-, 1944
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: General Carcinomatosis | 18 Mo |
| Due to: Primary | |
| Due to: Cervix Uterus | 18 Mo |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations 48a
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 Clifton Smith (M. D. or other) MD
Address VIB N 7th Date signed 12/14/44

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(Licensed Embalmer's Statement on Reverse Side)

## 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 Robert L Gaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.**