

FILED JAN 13 1945
Registration District No. 260

Primary Registration District No. 3076

Registrar's No. 143

1. PLACE OF DEATH:

(a) County Nevada

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

(c) Name of hospital or institution:
915 West Hunter St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether in this community _____ years, months or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nevada ¹⁰¹

(c) City or town Nevada Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 915 W Hunter
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Julia Frances Casmar

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13
year 1944 hour 7 minute _____ A.M.

21. I hereby certify that I attended the deceased from _____ 1943, to Dec. 13 1944
that I last saw her alive on Dec. 13 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife John L. Casmar 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 6, 1859
(Month) (Day) (Year)

Immediate cause of death General Arteriosclerosis

Due to age
Resulting in heart failure

Due to kill unknown

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

8. AGE: Years 85 Months 9 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation House work

MOTHER FATHER

11. Industry or business _____

12. Name Alexis Frotter

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

14. Maiden name Melinda Johnson

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

Major findings: Of operations 99

Of autopsy _____

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

16. (a) Informant Mrs. C. M. Shea

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof 12-15-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Calvary

18. (a) Signature of funeral director Geckler

(b) Address Nevada, Mo.

19. (a) 12-28-44 (b) Boyd B. Beurch
(Date received local registrar) (Registrar's signature)

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) _____ (e) Means of injury _____

23: Signature J. M. Yater (M. D. or dentist)
Address Nevada, Mo. Date signed 12/13/44

1391

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

- 42
30-44

8 1945

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 Mark E. Eshinger
Licensed Embalmer No. 26576
P. O. Address Nevada, 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.