

Registration District No. 149 Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
410 East 40th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no.
(Specify whether in this community since 1885 1 years, months or days)

3. (a) PRINT FULL NAME Miss Josephine Gibson Casey

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife no.

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

7. Birth date of deceased March 19 1861
(Month) (Day) (Year)

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

83 9 129 hr. min.

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

10. Usual occupation at home

11. Industry or business X

MOTHER, FATHER

12. Name Nicholas Waggener Casey

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

14. Maiden name Liza Mackall Taylor

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

16. (a) Informant Faith Casey

(b) Address 410 E. 40th, Kansas City, Mo.

17. (a) Cremation (b) Date thereof 1-20-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-19-45 (b) M. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 410 East 40th St.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18th
year 1945 hour 10:45 minute P. M.

21. I hereby certify that I attended the deceased from 7-24-41
_____, 19____, to 1-18, 1945;
that I last saw her alive on 1-17, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Terminal Bronchopneumonia</u>	<u>24 hrs</u>
Due to <u>Cerebrovascular Accident</u>	<u>1 wk</u>
Due to <u>Generalized Osteomyelitis & Hypertension & Hypertensive Heart Disease</u>	<u>10+ yrs</u>
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	PHYSICIAN <u>93 d</u> Underline the cause to which death should be charged statistically.
Of autopsy	

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? _____

While at work _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 730 Professional Bg Date signed 1-19-45

Dr. William H. Goodson, Jr.

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 H. Reed*

Licensed Embalmer No. *3745*

P. O. Address *Kansas City 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

MAY 2 1946