

FILED FEB 13 1945

State File No. _____

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Casshagen
(c) Name of hospital or institution 1040 Clinton
(d) Length of stay: In hospital or institution _____
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper H9
(c) City or town Casshagen 1
(d) Street No. 1040 Clinton 3
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Leticia S. James
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 14
year 1945 hour 6:20 minute 0 M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, widower
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 19 1869

21. I hereby certify that I attended the deceased from Jan 7 1945 to Jan 14 1945
that I last saw her alive on Jan 14 1945 and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 4 Days 25 If less than one day hr. _____ min. _____

Immediate cause of death: Cerebral Hemorrhage
Duration _____

9. Birthplace Smithfield Mo. U

Due to _____
Due to 83A

10. Usual occupation teacher

Other conditions: _____
Major findings: _____
Of operations: _____
Of autopsy: _____

11. Industry or business Business College

12. Name David Smith
13. Birthplace Iowa
14. Maiden name No data
15. Birthplace No data

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Bro. R. J. Smith
(b) Address Wash City, Mo.

17. (a) Burial (b) Date thereof 1/17/45
(c) Place: burial or cremation Conf. Jct. Cemetery

18. (a) Signature of funeral director Judge Lewis
(b) Address Wash City, Mo.

19. (a) Jan. 17 '45 (b) Elizabeth C. Cooper
(c) Date received local registrar (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature H.A. Leasing (M. D. or other) _____
Address Joplin, Mo. Date signed 1/17/45

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

19
3

MOTHER, FATHER

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

1205

47-1-74

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 *C. K. Neff*

Licensed Embalmer No. 2859

P. O. Address North 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.