No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 3 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9385

Registration District No. 60 Primary Registration District No. 5235 Registrar's No. 4

1. PLACE OF DEATH:
(a) County: Cedar
(b) City or town: Rural - Benton Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cedar 20
(c) City or town: El Dorado Springs, Mo 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.: Rural, Benton Township
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Harold Franklin Cassity
3. (b) If veteran, name war:
3. (c) Social Security No.: None
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Feby (Month) 4 (Day) 1943 (Year)
8. AGE: Years 2 Months 1 Days 17 If less than one day hr. min.
9. Birthplace: Cedar Co (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation: None
11. Industry or business:
FATHER 12. Name: Franklin M Cassity
FATHER 13. Birthplace: (City, town, or county) Mo 0 (State or foreign country)
MOTHER 14. Maiden name: Dorothy L Smith
MOTHER 15. Birthplace: (City, town, or county) Kans! (State or foreign country)
16. (a) Informant: Mrs Dorothy L Cassity
(b) Address: R.1. Montevallo, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Clintonville (Cem)
18. (a) Signature of funeral director: Guinn Sidera
(b) Address: El Dorado Springs Mo
19. (a) Mar 24 1945 (Date received local registrar) (b) J R Schock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 21 year 1945 hour 3 minute 30 P. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death: Accidental Drowning — Duration
Due to:
Due to: 183
Other conditions (Include pregnancy within 3 months of death): 19
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): fell in well 0
(b) Date of occurrence: March 21 1945 0
(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: 3
23. Signature: McGivren Coroner (M.D. or other)
Address: El Dorado Springs Mo Date signed 3-23-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Officer No. 2
District File Number 3-415-237
Date Filed 4-4-45

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 O B Siders

Licensed Embalmer No. 3250

P. O. Address El Dorado Springs 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.