S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31198

FILED SEP 20 1945

Registration District No. 278 Primary Registration District No. 3054 Registrar's No.

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution: Pike Co. Hospital (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82

(c) City or town Louisiana, Mo. 2 (If outside city or town limits, write "RURAL")

(d) Street No. 720 N. 7th St. 0 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Charles A. Case

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

3. (c) Social Security No. 490-05-3749

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Marie Case

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

7. Birth date of deceased October (Month) 15 (Day) 1878 (Year)

8. AGE: Years 66 Months 10 Days 6 If less than one day hr. min.

9. Birthplace Virginia (City, town, or county) Ill. (State or foreign country) 1

10. Usual occupation Engineer

11. Industry or business retired

FATHER
12. Name Thomas J. Case
13. Birthplace (?) (City, town, or county) New Jersey (State or foreign country) 1

MOTHER
14. Maiden name Mary Alice Harmon
15. Birthplace (?) (City, town, or county) Virginia (State or foreign country) 1

16. (a) Informant Miss Grace Berry

(b) Address Louisiana, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 22-45 (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cem.

18. (a) Signature of funeral director J. C. Haley

(b) Address Louisiana Mo.

19. (a) 8-22-45 (Date received local registrar) (b) J. C. Haley (Registrar's signature) Deputy

1169

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21 year 1945 hour 12 minute 05 A.M.

21. I hereby certify that I attended the deceased from Aug. 15, 1945, to Aug. 21, 1945; that I last saw him alive on Aug. 20, 1945, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death: Aortic Aneurism due to ~~Chronic Bucs~~

Due to Chr. Myocarditis. Chr. Cardiac Hypertrophy. ~~Due to~~ Chr. Nephritis. Arterio-Sclerotic

Other conditions (Include pregnancy within 3 months of death) Urinary Obstruction Acute Nephritis

Major findings: Of operations Pulmonary Edema ~~Chr. Lues~~

Of autopsy

Duration: Several years

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 Robert L. Andrae M.D. (M.D. or other)

Address Louisiana, Mo Date signed 8/21/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-45-1418
Date Filed SEP 17 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 George Q. Wagner, Registered Apprentice No. ....., working under my personal supervision.

Signed George Q. Wagner

Licensed Embalmer No. 3772

P. O. Address Louisiana, 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.