

S. No. 2
M-8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33516

FILED NOV 13 1945

State File No. _____

Registration District No. _____

Primary Registration District No. _____

52864126

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Clark
(b) City or town Wyaconda, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(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 Clark 23
(c) City or town Wyaconda Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Nora Jane Cassey

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Harry Cassey 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased July 21 1883
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3 year 1945 hour 3 minute 7 P. M.
21. I hereby certify that I attended the deceased from Jan 15-44 to Oct 3 45
that I last saw her alive on Oct 3 45 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Uterus

Duration _____

Due to _____
Due to _____

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

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) _____
(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 2

23. Signature B. F. Antelmon (M. D. or other) J. D.
Address Wyaconda Mo Date Oct 8 45

MOTHER FATHER

12. Name David Gentner
13. Birthplace Tenn. 1 (City, town, or county) (State or foreign country)
14. Maiden name Jane Hackler
15. Birthplace Tenn. 1 (City, town, or county) (State or foreign country)

16. (a) Informant Harry Cassey
(b) Address Wyaconda Mo
17. (a) Serial (b) Date thereof Oct 5 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wyaconda Cemetery
18. (a) Signature of funeral director Wyaconda Mo
(b) Address Wyaconda Mo
19. (a) 10/5 45 (b) J. D. Antelmon
(Date received local registrar) (Registrar's signature)

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

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.....

Geo J Roberts

Licensed Embalmer No..... *1817*

P. O. Address..... *Wyaconda, 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.