

FILED MAR 27 1946

Registration District No. 110

Primary Registration District No. 4182

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town New Haven  
(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 18 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin  
(c) City or town New Haven  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME WILLARD I CASSIDY

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 702-144158

20. DATE OF DEATH: Month March day 4<sup>th</sup>  
158 year 1946 hour 1:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from November 24, 1944 to March 4, 1946;  
that I last saw him alive on March 4<sup>th</sup>, 1946  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Josephine Cassidy  
6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased Jan 23 1884  
(Month) (Day) (Year)

Immediate cause of death coronary occlusion  
Duration 1 1/2 hrs.

8. AGE: Years 62 Months 1 Days 9  
If less than one day hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to 940

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

Other conditions auricular fibrillation  
(Include pregnancy within 3 months of death) 13 mo.

10. Usual occupation Rail Road Agent

Major findings: with Angina Pectoris

11. Industry or business Chief Conductor

Of operations no operations

12. Name Chief Conductor

Of autopsy no autopsy

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

14. Maiden name Julia Hicks

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

16. (a) Informant Mrs WJ Cassidy

(b) Address New Haven Mo

17. (a) Burned (b) Date thereof 3 7 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burned New Haven

18. (a) Signature of funeral director W. B. Pester, D.D.

(b) Address New Haven Mo

19. (a) Mar 5 - 46 (b) J. J. G. G. G.  
(Date received local registrar) (Registrar's signature)

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 W. B. Pester (M. D. or other) M.D.

Address New Haven Mo Date signed 3/5/46

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

7949

APR 3 1945

APR 5 1945

MAR 27 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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Earl F. [Signature]*

Licensed Embalmer No. *33873*

P. O. Address *Yerlbaum A*

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.