

FILED MAY 9 1946
Registration District No. **28**

Primary Registration District No. **2000**

Registrar's No. **360**

1. PLACE OF DEATH:

(a) County **Greene**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
427 W. Grand (residence) /
(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 **Missouri** (b) County **Greene** **39**
(c) City or town **Springfield** **2**
(If outside city or town limits, write "RURAL")
(d) Street No. **427 W. Grand** **6**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4-25** day _____
year **1946** hour **9:00** minute **0** M.
21. I hereby certify that I attended the deceased from
4-14-1946 to **4-26-1946**
that I last saw him alive on **4-14-1946**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Angina Pectoris
Heart Block
Due to _____
Due to _____

Duration

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 _____

23. Signature **W. Kelly** (M. D. **0**)
Address **Springfield, Mo.** Date signed **4-27-46**

3. (a) PRINT FULL NAME **Wm. HARRISON CASSITY**
3. (b) If veteran, name war **UNK.** 3. (c) Social Security No. **UNK.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **XX** years
7. Birth date of deceased **September 9, 1887**
(Month) (Day) (Year)

8. AGE: Years **58** Months **7** Days **17** If less than one day _____ hr. _____ min.

9. Birthplace **Springfield, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **INVALID**

11. Industry or business

12. Name **George W. Cassity**
13. Birthplace **UNK.** **UNK.** /
(City, town, or county) (State or foreign country)
14. Maiden name **Madorah (UNK.)**
15. Birthplace **Mt. Vernon, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Arthur Wyman**
(b) Address **731 Kickapoo, S.P.E.D., Mo.**
17. (a) **Burial** (b) Date thereof **4-29-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Hazelwood**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**
(b) Address **534 St. Louis St., Springfield, Mo.**

19. (a) **4-29-46** (b) **W.S. Hurdley**
(Date received local registrar) (Registrar's signature)

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

11730

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 Frank Grable

Licensed Embalmer No. 4140

P. O. Address Springfield, 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.

+