

FILED MAY 10 1946

Registration District No. 5818

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Rural Versailles (Moreau T
(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 Lifetime years, months or days)

3. (a) PRINT FULL NAME EMMA EDNA McCASLAND

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 Walter J. McCasland 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March 14 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 1 11 hr. min.

9. Birthplace Camden County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {
12. Name Hugh Scott
13. Birthplace Newton, Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Menirva Vaughn
15. Birthplace Clarksburg, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Walter J. McCasland
(b) Address Versailles, Missouri

17. (a) Burial (b) Date thereof Apr. 27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director: W. H. Kidwell
(b) Address Versailles, Missouri

19. (a) 4-25-46 (b) J. L. Washburn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan
(c) City or town Rural Versailles (Moreau Twn)
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th
year 1946 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 10
1945 to April 25 1946
that I last saw her alive on April 10 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary decompensation 1 day
(Pneumia, etc.)
Due to Myocardial damage yrs
Due to Unknown

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

Major findings:
Of operations 93%
Of autopsy _____

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 J. L. Washburn (M. D. or other) M.D.
Address Versailles, Mo Date signed 4/27/46

Duration
1 day
yrs
Unknown
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 4-46-407

Date Filed 5-9-46

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.....

Licensed Embalmer No. 4021

P. O. Address Wesley, 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.