

Registration District No. 62

Primary Registration District No. 5240

Registrar's No. 21

1. PLACE OF DEATH

(a) County Cedar
(b) City or town Rural - Washington T.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution All of life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Andrew Christopher Cacy
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife Rene Cacy
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased May 4, 1872 (Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 7 If less than one day hr. ✓ min. ✓

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

10. Usual occupation Farming

11. Industry or business ✓

12. Name Andrew Jackson Cacy
13. Birthplace Tenn. (City, town, or county) (State or foreign country)

14. Maiden name Salmon
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Dr. Val Cacy
(b) Address Stockton, Mo.

17. (a) Burial (b) Date thereof 6-13-46 (Month) (Day) (Year)
(c) Place: burial or cremation Springfield

18. (a) Signature of funeral director Church & Deal
(b) Address Stockton, Mo.

19. (a) 6-29-46 (b) Sereva Garrison (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Washington Township (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 11 year '46 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from 6-9-1946 to 6-11-1946
that I last saw him alive on 6-11-1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart
Due to arteriosclerosis
hypertension
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations 97
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)
Means of injury 0
23. Signature Wm. B. Richter (M.D. or other)
Address Stockton Date signed 6-12-46

Duration

who

yes.

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

DEPT. OF HEALTH No. 7;

DATE OF FILING 6-46-693-

Date Filed 7-3-46

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..... *Melvin Church*

Licensed Embalmer No. *3272*

P. O. Address..... *Stockton, N.J.*

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.