V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29484

FILED OCT 7 1946

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 44

1. PLACE OF DEATH:

(a) County: BARTON

(b) City or town: LAMAR
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 102 W 5th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community 78 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: BARTON

(c) City or town: LAMAR
(If outside city or town limits, write "RURAL")

(d) Street No. 102 W 5
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME: JOHN HENRY CASS

3. (b) If veteran, name war: NONE

3. (c) Social Security No.: NONE

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: ELIZA BOLLINGER CASS

6. (c) Age of husband or wife if alive: 72 years

7. Birth date of deceased: NOVEMBER (Month) 19 (Day), 1867 (Year)

8. AGE: Years 78 | Months 10 | Days 00 | If less than one day ____ hr. ____ min.

9. Birthplace: BARTON COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation: FARMER

11. Industry or business: RETIRED

FATHER
12. Name: LEWIS CASS
13. Birthplace: INDIANA (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: AGNES BOLLINGER
15. Birthplace: SWITZERLAND (City, town, or county) (State or foreign country)

16. (a) Informant: MRS ELIZA CASS
(b) Address: 105 WEST 5TH LAMAR MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: Sept 21 '46 (Month) (Day) (Year)
(c) Place: burial or cremation: HOWELL CEMETERY

18. (a) Signature of funeral director: GIBSON FUNERAL HOME
(b) Address: 1201 BROADWAY LAMAR MISSOURI

19. (a) September 20, 1946 (Date received local registrar) (b) Marie Kennedy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 19 year 1946 hour 3 AM minute ____ M.

21. I hereby certify that I attended the deceased from March 1, 1946, to Sept 16, 1946, that I last saw him alive on Sept. 8, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death: Senility — Duration

Due to: Mass in left upper Abomen - Probable — Duration

Due to: Carcinoma Stomach — Duration: 6+ months

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations: HOB
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Fern T. Bichel (M. D. or other) MD
Address: Lamar, Missouri Date signed: Sept 19 1946

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1046-1002
Date Filed OCT 3 - 1946

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 E. O. Gibson
E. O. Gibson
Licensed Embalmer No. 4137
P. O. Address 1201 Bdwy Lamar, 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.