

S. No. 2  
M-5-43  
5-17-39  
I X36671

FILED NOV 20 1945  
Registration District No. 199

Primary Registration District No. 1002

State File No. 199  
Registrar's No. 199

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution:  
3914 Locust St. 1st floor north  
(d) Length of stay: In hospital or institution.  
December 24, 1945  
In this community  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Jackson 48  
(c) City or town Kansas City 3  
(d) Street No. 3914 Locust St. 8  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Miss Margaret E. Casey

3. (b) If veteran, name war - NO  
3. (c) Social Security No. unknown

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive

7. Birth date of deceased October 23, 1885  
(Month) (Day) (Year)

8. AGE: Years 61 Months 0 Days 17  
If less than one day hr. min.

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

10. Usual occupation Saleslady  
11. Industry or business Tulsa, Okla.

MOTHER FATHER  
12. Name John P. Casey  
13. Birthplace Montreal, Canada.  
14. Maiden name Nora C. Kimbrell  
15. Birthplace Indiana

16. (a) Informant Mrs. Chas. H. Carples  
(b) Address 3914 Locust St. 1st floor north

17. (a) Removal (b) Date thereof Nov. 11, 1945  
(c) Place: burial or cremation Coffeyville, Kas.

18. (a) Signature of funeral director Thomas E. Quirk  
(b) Address 4316 Troost Ave.

19. (a) 11-8-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 10th  
year 1946 hour 10.40 P.M. minute M.

21. I hereby certify that I attended the deceased from 11/1/46 to 11/10/46  
that I last saw him alive on 11/10/46  
and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia  
Due to: Congestive cardiac changes of the kidneys  
Due to:

Other conditions: (Include pregnancy within 3 months of death) 1338

Major findings: Of operations  
Of autopsy: Cholesterol and atheroma  
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  
Signature: C. O. Vatch (M. D. or other) 11/14/46  
Address: 1109 Prof. Bldg. 1200

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

35713

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**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.....

*Thomas J. Lusk*

Licensed Embalmer No.....

3775

P. O. Address.....

T. C. No

**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.**