

FILED JAN 20 1947

Registration District No. 387

Primary Registration District No. 4085

Registrar's No. 1

## 1. PLACE OF DEATH:

- (a) County Adair  
 (b) City or town Hale  
 (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 50 yrs  
years, months or days)3. (a) PRINT FULL NAME John Edward Case

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife
- Mrs. Pearl
6. (c) Age of husband or wife if alive
- 50
- years

7. Birth date of deceased
- Aug. 14 1897
- 
- (Month) (Day) (Year)

8. AGE: Years
- 68
- Months
- 4
- Days
- 22
- If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace
- Lincolnton Co Mo
- 
- (City, town, or county) (State or foreign country)

10. Usual occupation
- Laborer

11. Industry or business \_\_\_\_\_

12. Name
- Daniel Case

13. Birthplace
- Illinois
- 
- (City, town, or county) (State or foreign country)

14. Maiden name
- Therese Case

15. Birthplace
- Ill. 1
- 
- (City, town, or county) (State or foreign country)

16. (a) Informant
- Mrs. Case

- (b) Address
- Hale Mo

17. (a)
- Burial
- (b) Date thereof
- 11-9-1947
- 
- (Burial, cremation, or same) (Month) (Day) (Year)

- (c) Place: burial or cremation
- Hale Cemetery

18. (a) Signature of funeral director
- Frank E. Slater

- (b) Address
- Hale Mo

19. (a)
- 1-11-47
- (b)
- Mrs. Rex Henderson
- 
- (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Cass  
 (c) City or town Hale  
 (If outside city or town limits, write "RURAL")

- (d) Street No. \_\_\_\_\_ (If rural, give location)

- (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- Jan.
- day
- 6
- 
- year
- 1947
- hour
- 6:45
- minute \_\_\_\_\_ P. \_\_\_\_\_ M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from
- Jan 6
- , 19
- 47
- , to
- Jan 6
- , 19
- 47
- ;

that I last saw him alive on Jan 6, 1947;

and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Coronary Thrombosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

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 9

23. Signature
- Dr. Oliver A. White
- (M. D. or other)
- D.O.

Address Hale, Mo Date signed 1-8-47

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 E. Slater*

Licensed Embalmer No.

*937*

P. O. Address.....

*Hale m*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

..... not embalmed, fact should be so stated above.