

No. 2
12-45
5-17-39
1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 17 1947
Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1008
Registrar's No. 21

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
General Hospital No. 1
(d) Length of stay: In hospital or institution 43 1/2 hrs.
In this community 25 years

3. (a) PRINT FULL NAME Roy Casselman
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 Addie Casselman
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased March 13 1869

8. AGE: Years Months Days If less than one day
77 9 18 hr. min.

9. Birthplace Illinois
10. Usual occupation Police Officer

11. Industry or business
12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant Mrs. Addie Casselman
(b) Address 4000 Montgall:K.C. Mo.
17. (a) Burial (b) Date thereof 1-6-47
(c) Place: burial or cremation Mt. Calvary:K.C.Kan.

18. (a) Signature of funeral director Weilert Funeral Home
(b) Address Kansas City, Missouri
19. (a) 1-4-47 (b) Gerardine Holmes

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 4000 Montgall
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 1
year 1947 hour 12 noon minute M.
21. I hereby certify that I attended the deceased from Dec. 30 1946 to Jan. 1 1947
that I last saw him alive on Jan. 1 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Ca metastatic primary KUBMAYON
Due to
Due to
Other conditions
Major findings
Of autopsy See above.

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (c) Means of injury
23. Signature Wm W. Hart (M. D. or other) Jan 1-2-47
Address Med. Dir. Gen'l Hosp. Date signed

Dr. Buckner

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..... *Blaine E. Weidert*

Licensed Embalmer No..... *4075*

P. O. Address..... *K.C. 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.

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Gen. Hosp. #1
(If no in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Roy Casselman

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

5. Color or race _____

6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____

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

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 1-4-47 Geraldine Holmes
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(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 _____
year 1947 hour 2 minute noon

21. I hereby certify that I attended the deceased from 12 to 1-1, 1947
that I aut saw her alive on _____, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: carcinoma metastatic

Due to _____

Due to primary site - large intestine

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

Major findings:
Of operations: 46 2

Of autopsy _____

Duration _____

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 _____

23. Signature Wm. W. Hart (M. D. or other) _____
Address Gen. Hosp. #1 Date signed 1-2-47

S-1008