

FILED FEB 21 1947

Primary Registration District No. 5764

Registrar's No. 3

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

1. PLACE OF DEATH:
 (a) County Marion
 (b) City or town Palmyra R.F.D.
(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.....
 In this community Lifetime (Specify whether years, months or days)

3. (a) PRINT FULL NAME Chas. R. Cassidy
 3. (b) If veteran, name war No.
 3. (c) Social Security No.

4. Sex Male 2 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married 1
 6. (b) Name of husband or wife Julia L. Cassidy 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased June 7 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>7</u>	<u>8</u>hr.min.

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Not Known 9

13. Birthplace Not Known 9
(City, town, or county) (State or foreign country)

14. Maiden name Martha Nowel

15. Birthplace Not Known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Julia L. Cassidy

(b) Address Palmyra Mo. R.F.D.

17. (a) Greenwood Cem. (b) Date thereof I-18-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palmyra Mo.

18. (a) Signature of funeral director R. M. Sprague

(b) Address Palmyra Mo. P.O. Box 181

19. (a) 1-17-1947 Julia Leez
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Marion 64
 (c) City or town Palmyra (Rural) 0
(If outside city or town limits, write "RURAL") 6
 (d) Street No.
(If rural, give location) 0
 (e) Citizen of foreign country? No 3 (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15
 year 1947 hour 2 P.M. minute..... M.

21. I hereby certify that I attended the deceased from January 14
 1947 to January 15 1947
 that I last saw him alive on January 15 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration.....

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

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?.....

While at work..... (Specify type of place) (e) Means of injury.....

23. Signature R. M. Sprague (M. D. or other.....)

Address Palmyra Mo. Date signed 1/17/47

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..... *A. M. Spriagus*
..... Licensed Embalmer No. *999*
..... P. O. Address *Palmyra Mo. Box 181*

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.