

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Springfield Baptist Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Three Weeks** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Janey**
(c) City or town **Paris**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **U.S.A.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Ralph William Casey**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **494-18-4209**

4. Sex **male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Pauline Casey** 6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **Feb 20 1891** (Month) (Day) (Year)

8. AGE: Years **55** Months **2** Days **0** If less than one day hr. min.

9. Birthplace **Janey Co. MO** (City, town, or county) (State or foreign country)

10. Usual occupation **Civil Engineer**

11. Industry or business **Casey**

12. Name **Casey**

13. Residence place **Janey Co. MO** (City, town, or county) (State or foreign country)

14. Usual residence name **Salish Leavelle**

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

16. Informant **Mr. Ralph Casey**

(b) Address **Paris** (c) Date thereof **2-20-47** (Month) (Day) (Year)

(c) Place: burial or cremation **Casey Cemetery Paris MO**

18. (a) Signature of funeral director **R. C. Whelchel**

(b) Address **Paris MO**

19. (a) **2-21-47** (Date received local registrar) (b) **W. J. Handley** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **20** year **1947** hour **7** minute **10 A.M.**

21. I hereby certify that I attended the deceased from **Feb 3**, 1947, to **Feb 20**, 1947, that I last saw him alive on **Feb 19**, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of liver with metastasis to the lung.** Duration **6 weeks**

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **no** Of autopsy **no** **H&F**

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 **[Signature]** (M. D. or other) _____
Address **Springfield MO** Date signed **2-20-47**

APR 8 1947

JULY 16 1957

SEP 7 1948

APR 8 1947

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 *Minnie L. Welch*

Licensed Embalmer No. *2277*

P. O. Address *Branson 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.

State of Missouri

ss

County of Taney

Pauline Casey being first duly sworn upon her oath states that she is the widow of William Ralph Casey and that he was born on December 20th, 1891. She further states that the attached photostatic copy is made from the old family Bible of his family.

Pauline Casey

Subscribed and sworn to before me this 3rd day of March, 1947 at Forsyth, Missouri.

Douglas M. Murphy
Notary Public

My commission expires January 9, 1948

82010