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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 16 1947

Registration District No. 3 7

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3028

State File No. 17752

Registrar's No. 108

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

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1128 S. Case St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ---
In this community: 48 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: Carthage
(If outside city or town limits, write "RURAL")
(d) Street No.: 1128 S. Case 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country: --------

3. (a) PRINT FULL NAME: NETTIE CASH
3. (b) If veteran, name war: none
3. (c) Social Security No.: none

4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Joseph Aden Cash
6. (c) Age of husband or wife if alive: ---- years
7. Birth date of deceased: December (Month) 22 (Day) 1870 (Year)

8. AGE: Years 76 | Months 4 | Days 14 | If less than one day: hr. min.

9. Birthplace: Bronson (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: at home
11. Industry or business: ------

FATHER
12. Name: Homer Flake
13. Birthplace: unknown (City, town, or county) unknown (State or foreign country) 9

MOTHER
14. Maiden name: Mary B. Epperly
15. Birthplace: unknown (City, town, or county) unknown (State or foreign country) 9

16. (a) Informant: Aden Cash
(b) Address: 1121 Case, Carthage, Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: May 8, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Park Cemetery
18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Missouri
19. (a) 5-7-47 (Date received local registrar) (b) L. B. Clenon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1947 hour 2 minute 00 P.M.

21. I hereby certify that I attended the deceased from Aug. 30, 1946, to May 6, 1947, that I last saw h. alive on May 6, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis, chron.	3 yrs.
Due to: Hyperplasia	3 yrs.
Due to: Hypertension	5 yrs.
Other conditions (Include pregnancy within 3 months of death): Adenolymphosarcoma of left cervical glands with metastasis to right cervical and spleen	Oct 1946

Major findings (Of operations): Deep Xray Therapy Dec. 1946
Of autopsy:

PHYSICIAN — Underline the cause of 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? 0
While at work? (Specify type of place) (e) Means of injury:

23. Signature: [illegible] (M. D. or other)
Address: Carthage Mo Date signed: MAY 7 1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-5-416

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 Robert H. Knell, Registered Apprentice No. 406, working under my personal supervision.

Signed Frank W. Knell Jr

Licensed Embalmer No. 4440

P. O. Address Carthage

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.