S. No. 2
8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 6 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17991

Registration District No. 172 Primary Registration District No. 6-65-6 Registrar's No. 20

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Miller R.R. #1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence / Ozark
(If not 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)

2. USUAL RESIDENCE OF DECEASED: 55
(a) State Missouri (b) County Lawrence
(c) City or town Miller R.R. #1
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? Ozark Twp. (Yes or No)
If yes, name country ..... T

3. (a) PRINT FULL NAME Terry Dean Casey
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 Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 3 (Month) 10 (Day) 47 (Year)

8. AGE: Years | Months | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace Lawrence Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation child
11. Industry or business
FATHER
12. Name Sidney Carl Casey
13. Birthplace Stone Co. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ruby Cherry
15. Birthplace Lawrence Co. (City, town, or county) (State or foreign country)
16. (a) Informant Sidney Carl Casey
(b) Address Miller, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-1947 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Brick Church
18. (a) Signature of funeral director Morris-Lemon
(b) Address Miller Mo.
19. (a) 5-20-47 (Date received local registrar) (b) W. S. Bueney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 16 year 1947 hour 6 minute 10 A. M.
21. I hereby certify that I attended the deceased from 3-10, 1947, to 3-16, 1947; that I last saw him alive on 3-16, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Strangulation	
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.

195 E 19

NATIONAL SUPPLEMENTARY INFORMATION REQUESTED

22. If death was due to external causes, fill in the following: ✓
(a) Accident, suicide, or homicide (specify) 55
(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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature L. I. Holmes (M. D. ~~or other~~)
Address Miller Mo Date signed 3-16-47

(Licensed Embalmer's Statement on Reverse Side)

District Health Office No. 6,

Office File Number 647-584

Date Filed JUN 4 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 G. R. Lemon

Licensed Embalmer No. 3297

P. O. Address Miller 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.

S. No. 2B
25M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17991

State File No. June

Registration District No. 176 Primary Registration District No. S656 Registrar's No. 20

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Miller Mo Rural Ozark
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Miller Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community years - years, months or days)

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 .....

3. (a) PRINT FULL NAME Jerry D. Casey

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

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

6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased March (Month) 10 (Day) 1947 (Year)

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

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

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Sidney Carl Casey
13. Birthplace Viola (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Ruby Alberta Cherry
15. Birthplace Mt Vernon (City, town, or county) Mo (State or foreign country)

16. (a) Informant Carl Casey
(b) Address Miller Mo

17. (a) [illegible] (Burial, cremation, or removal) (b) Date thereof Mar 16 47 (Month) (Day) (Year)
(c) Place: burial or cremation Brick Church

18. (a) Signature of funeral director G. R. Lemon
(b) Address Miller Mo

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 16 day
year 1947 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Mar 10 Mar 17 1947 to Mar 16 1947 that I last saw he was alive on Mar 15 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation due to mucous in throat and lungs

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy? No case

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence Mar 15 - 1947

(c) Where did injury occur? at Home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No injury, collection of mucous in lungs (Specify type of place)

While at work? ..... (e) Means of injury No injury

23. Signature L. I. Holmes (M. D. or other)

Address Miller Mo Date signed 6-9-47

SUPPLEMENTARY

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

1958

17991