

No. 2
-12-45
-15-17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27620**
Registrar's No. **3490**

FILED AUG 26 1947
Registration District No. _____

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**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **41 DAYS**
(Specify whether
In this community **34 YRS.**
years, months or days)

3. (a) PRINT FULL NAME **JOHN CASEY**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **none**

4. Sex **MALE** **5. Color or race** **NEGRO**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **unknown**
6. (c) Age of husband or wife if alive **unk** years
7. Birth date of deceased **JULY 5, 1875**
(Month) (Day) (Year)

8. AGE: Years **72** Months **0** Days **15**
If less than one day
hr. _____ min.

9. Birthplace **HAMPTON MISSISSIPPI**
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business

MOTHER FATHER

12. Name **RICHARD CASEY**
13. Birthplace **MISSISSIPPI**
(City, town, or county) (State or foreign country)
14. Maiden name **CHARLOTTE**
15. Birthplace **MISSISSIPPI**
(City, town, or county) (State or foreign country)

16. (a) Informant **MAMIE CRAWFORD (DAUGHTER)**
(b) Address **1802 WOODLAND**

17. (a) Burial **(b) Date thereof** **8-12-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **buried**

18. (a) Signature of funeral director **Wm A. Holman**
(b) Address **General Hosp**

19. (a) 8-14-47 (b) Thaldine Holman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **JACKSON 48**
(c) City or town **KANSAS CITY 3**
(If outside city or town limits, write "RURAL")
(d) Street No. **1802 WOODLAND 8**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JULY** day **20,**
year **1947** hour **3:** minute **35** A. M.
21. I hereby certify that I attended the deceased from **JUNE 9,**
1947 to **JULY 20,** **1947;**
that I last saw h. **IM** live on **JULY 20,** **1947;**
and that death occurred on the date and hour stated above.

Immediate cause of death **CARCINOMA OF STOMACH** Duration
WITH MARKED METASTASIS

Due to _____

Due to _____

Other conditions **46 h**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **SAME AS ABOVE**

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 _____? (Specify type of place) _____
Means of injury _____

23. Signature **Frank Blair** (M. D. or other) **M.D.**
Address **GENERAL HOSPITAL NO. 2** Date signed **7/21/47**

APR 27 1948

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 Wm A. Robinson

Licensed Embalmer No. 3089

P. O. Address. 150 MD

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.