S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 26 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37224

Registration District No. 43 — Primary Registration District No. 3007 — Registrar's No. 403

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community ... a ...

2. USUAL RESIDENCE OF DECEASED:
(a) State Calif. (b) County Kern 999
(c) City or town Tehachapi 4
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Arthur Cromwell Cassaway
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 M
6. (b) Name of husband or wife Mary Cassaway
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Feb (Month) 12 (Day) 1865 (Year)

8. AGE: Years 82 | Months 9 | Days 7 | If less than one day ... hr. ... min.

9. Birthplace Salisbury Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business ...

MOTHER FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) " (State or foreign country)
14. Maiden name Unknown
15. Birthplace " (City, town, or county) " (State or foreign country)

16. (a) Informant Mary Cassaway
(b) Address Tehachapi Calif.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 21 47 (Month) (Day) (Year)
(c) Place: burial or cremation Hayes Cem.
18. (a) Signature of funeral director Seaton Leavitt
(b) Address Van Buren Mo.
19. (a) 11-20-47 (Date received local registrar) (b) ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19 year 1947 hour ... minute ... M.

21. I hereby certify that I attended the deceased from ... 19..., to ... 19...; that I last saw h... alive on ... 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar and Hypostatic Pneumonia	2 days
Due to Intestinal obstruction	2 days
Due to Carcinomas of colon	?
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Yes	
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Frank E. Durella (M. D. or other) M.D.
Address Poplar Bluff Mo Date signed 11/29/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1147-1500
Date Filed 11-25-47

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 Chas L. Pewitt, Registered Apprentice No. 11, working under my personal supervision.

Signed Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.