

FILED DEC 9 1947/49

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38056
4936
Registrar's No.

Registration District No.

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County: Jackson
Kansas City
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 36 hours
(Specify whether years, months or days)
In this community: 1 1/2 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. County: Jackson
Kansas City
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 508 West 34th St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME

Mrs Cornelia Casey

3. (b) If veteran name war: No

3. (c) Social Security No. None

4. Sex: Female

5. Color or race: white

6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: George F. Casey

6. (c) Age of husband or wife if alive:

7. Birth date of deceased: Dec. 15, 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 9 If less than one day

9. Birthplace: Greenville, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

12. Name: Dr. Jacques Ravold
Bliesbrucken France - Missouri
13. Birthplace: Louisa, Va.
(City, town, or county) (State or foreign country)
14. Maiden name: Louisa Wait
Salem Boston, Mass.
15. Birthplace:

(a) Informant: Mrs M.A. Randazzo
(b) Address: 508 West 34th St.

17. (a) Removal (auto) (b) Date thereof: Nov. 25, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Greenville, Ill.

18. (a) Signature of funeral director: Thos. E. Quirk
(b) Address: 4316 Troost Ave.

19. (a) 11-25-47 (b) Thaldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 24th
year: 1947 hour: 9.30 P.M. M

21. I hereby certify that I attended the deceased from 11-23-47 to 11-24-47

that I last saw her alive on 11-24-47 and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal obstruction
Partial volvulus of small intestine
Paralytic illness - Venous Thrombosis

Due to: 2. Auricular fibrillation } 2 days
3. Chronic myocardial infarct } 1 1/2 yrs.

Due to: 4. Chronic Bronchial Asthma 5 yrs
5. Thrombophlebitis in left femoral vein 1 1/2 yrs

Other conditions: Senility & malnutrition
(Include pregnancy within 3 months of death)

Major findings: none
Of operations: 122 B

Of autops: Confirmed above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence: items # 13 & 15 corrected by an affidavit of the informant

(c) Where did injury occur:

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

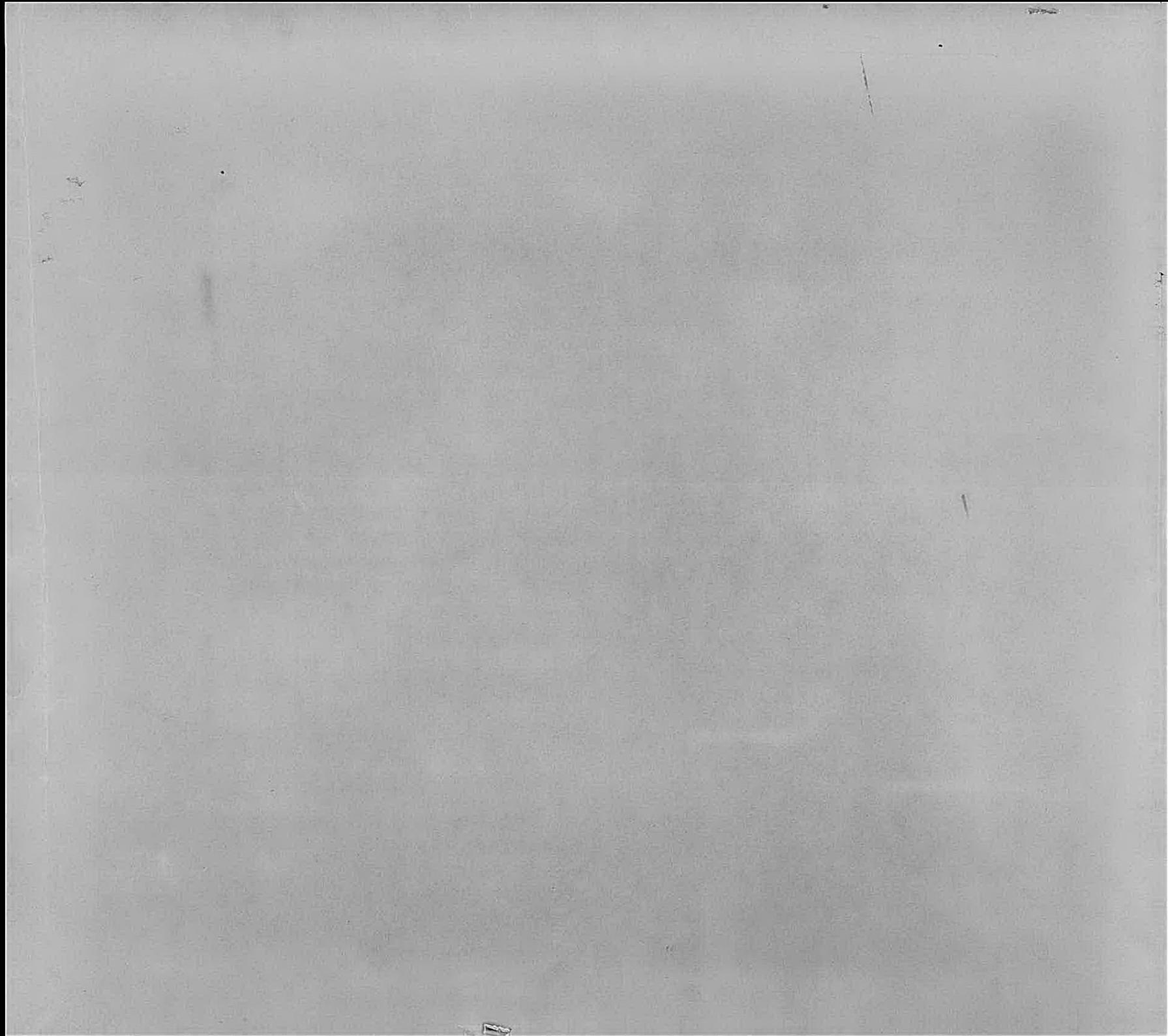
While at work?

23. Signature: Harvey Jemmett (M. D. or other) M.D.
Address: Kansas City, Mo Date signed: 11-25-47

copy by off. 4.C.5.11.6

48
3
8

PHYSICIAN
Underline the cause of which death should be charged statistically.



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(b) City or town Kansas City
(c) Name of hospital or institution St. Joseph Hosp.
(d) Length of stay: In hospital or institution 36 hours
In this community 1 1/2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(d) Street No. 508 West 34th St.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mrs Cornelia Casey

3. (b) If veteran name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married divorced Widow

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

7. Birth date of deceased Dec. 15, 1867

8. AGE: Years 79 Months 11 Days 9 If less than one day

9. Birthplace Greenville, Ill.

10. Usual occupation At Home

11. Industry or business

12. Name Dr. Jacques Ravold

13. Birthplace France - Nancy

14. Maiden name Louisa Wait

15. Birthplace Boston, Mass.

16. (a) Informant Mrs M.A. Randazzo

16. (b) Address 508 West 34th St.

17. (a) Removal (auto) (b) Date thereof Nov. 25, 1947

(c) Place: burial or cremation Greenville, Ill.

18. (a) Signature of funeral director Thos. E. Quirk

(b) Address 4316 Troost Ave.

19. (a) 11-25-47 (b) Registrar's signature Geraldine Holmes

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year 1947 hour 9.30 P.M.

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Paralytic Ileus - Venous Thrombosis
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Due to: 3. Chronic Bronchial Asthma 5 yrs
4. Thrombophlebitis in left femoral vein 1 1/2 yrs
Other conditions: Senility & Malnutrition

PHYSICIAN
Major findings: none
Of operations: none
Of autops: Confirmed above

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(e) Means of injury
23. Signature: Starney Jennett (M. D. or other) m d
Address: Kansas City, Mo Date signed 11-25-47

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

copy by eff
M. A. Randazzo
4. C. S. Hall

AUG 31 1949

SEP 6 1949

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

Thomas E. Just

Licensed Embalmer No.

3775

P. O. Address

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI

BUREAU OF VITAL STATISTICS

State of

Mo.

County of

Jackson

ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. _____

Local Registrar's No. *4936*

On this *26th* day of *January*, 194*8*, before me appears *Marco A.*

Randazzo, who, upon *his* oath, states that the original record of ~~birth~~ death

for *Cornelia Casey*, died *November 24*, 1947, in the State of

Missouri, and which was filed at *Wendover City*, on *11-25*, 1947, should be corrected as follows:

Item No. *13* should read *Nancy, Frances*

Instead of _____

Item No. *3* should read *Cornelia J. Casey*

Instead of *Cornelia Casey*

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant *Marco A. Randazzo (Notary)*
Relationship.

508 W. 34
Present Address.

Subscribed and sworn to before me this *26* day of *January*, 194*8*.

My Commission expires *Oct. 21, 1951* *Barrie M. Puppelius* Notary Public.

