No. 2
1/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 3 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 189

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 91

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sisters Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 18 days (Specify whether years, months or days)
In this community: 2 months

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

3. (a) PRINT FULL NAME: Jennie 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: Married
6. (b) Name of husband or wife: John Mart Casey
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: April (Month) 15 (Day) 1888 (Year)
8. AGE: Years 59 Months 9 Days 7 If less than one day ___ hr. ___ min.
9. Birthplace: Hoxie (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: At home
11. Industry or business: At home
FATHER 12. Name: Frank Hoskins
13. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)
MOTHER 14. Maiden name: America Stewart
15. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant: John Mart Casey
(b) Address: Pearsall, Texas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 1/23/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland, Kansas.
18. (a) Signature of funeral director: Heaton-Borman
(b) Address: St. Joseph, Mo.
19. (a) 1-27-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22 year 1948 hour 9 minute 50 P.M.
21. I hereby certify that I attended the deceased from Dec. '46, 19..., to Jan 22, 1948, that I last saw him alive on 22 Jan 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Secondary anemia	
Due to: Carcinoma of cervix with massive metastasis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: L&B	
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:
23. Signature: G. W. Bradford (M. D. or other)
Address: Highland, Ks. Date signed: 1/23/48

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

FEB 11 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 William Spalding Registered Apprentice No. 28, working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St. Joseph, 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.