

FILED FEB 19 1948

Registration District No. **15**Primary Registration District No. **3004 5068**Registrar's No. **11**

1. PLACE OF DEATH:

(a) County **Barton**
 (b) City or town **Rural* Doylesport**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **/**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **76 years** (Specify whether
 In this community years, months or days)

3. (a) PRINT FULL NAME **MATHIAS LEWIS CASS**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Arta J. Cope** 6. (c) Age of husband or wife if alive **74** years
 7. Birth date of deceased **Dec 26 1871**
 (Month) (Day) (Year)

8. AGE: Years **76** Months **1** Days **13** If less than one day
 hr. min.

9. Birthplace **Barton County, Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business

12. Name **Lewis Cass**
 13. Birthplace **Indiana**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Agnes Hollinger**
 15. Birthplace **Holland**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Arta J. Cass**
 (b) Address **Lamar, Missouri, R3**

17. (a) **Burial** (b) Date thereof **Feb 14 1948**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Nigh Cemetery**
KONANTZ FUNERAL HOME

18. (a) Signature of funeral director
 (b) Address **Lamar, Missouri**

19. (a) **FEB 13 1948** (b) **Marie Konantz**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barton**
 (c) City or town **Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **R3 Lamar**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **11**
 year **1948** hour **6** minute **30** P. M.

21. I hereby certify that I attended the deceased from **Feb 7, 1948** to **Feb 11, 1948**
 that I last saw him alive on **Feb 11, 1948**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Left sided Heart Failure** Duration **34 days**
acute Pulmonary Edema

Due to **Arterio-sclerotic Heart Disease**

Due to

Other conditions **arterial Hypertension**
 (Include pregnancy within 5 months of death)

Major findings:

Of operations

Of autopsy

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

23. Signature **Jern T. Bichel** (M. D. or other **M.D.**)
 Address **Lamar, Mo.** Date signed **2/13/48**

RECEIVED
District Health Officer No. 6,
District File Number 248-255
Date Filed FEB 18 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.....

Frank W. Denton....., Registered Apprentice No. 7

working under my personal supervision.

Signed *Carl F. Konantz*.....

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.