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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED MAY 15 1948

Registration District No. 949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12485

Primary Registration District No. 1002

Registrar's No. 1933

18
3
8

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:
419 EAST-36TH STREET 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 1 YEAR
years, months or days

3. (a) PRINT FULL NAME MR. NORWOOD T. CASE

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MRS. EVA CASE

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

7. Birth date of deceased JANUARY 30 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>3</u>	<u>43</u>	hr. _____ min.

9. Birthplace EAST GRANBY CONNECTICUT
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business TOBACCO FARMER

12. Name HENRY ALONZO CASE

13. Birthplace NORTH BLOOMFIELD CONNECTICUT
(City, town, or county) (State or foreign country)

14. Maiden name ALMIRA ANTOINETTE HOLCOMB

15. Birthplace SIMSBURY CONNECTICUT
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. FRED BERTRAM

(b) Address 419 EAST 36th STREET

17. (a) REMOVAL (b) Date thereof MAY 5 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SPRINGFIELD, CONNECTICUT

18. (a) Signature of funeral director D. H. Newcomb

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 5-5-48 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 419 EAST-36TH STREET
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3RD
year 1948 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from February
1948, to May 3, 1948
that I last saw him alive on May 2, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease Duration 1 year

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations 93 D

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Jace W. Way (M. D. or other) M.D.
Address 206 Regal Bldg Date signed May 3 48

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K.C. 14 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.