. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1948

Registration District No. 47

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3008

State File No. 15588

Registrar's No. 160

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #1 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4m 28d (Specify whether years, months or days)
In this community same

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

3. (a) PRINT FULL NAME JOSEPH CASSMEYER
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 dk
6. (c) Age of husband or wife if alive dk years
7. Birth date of deceased (Month) (Day) (Year) 1862

8. AGE: Years 85 Months Days If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country) O
10. Usual occupation farmer
11. Industry or business farm
FATHER
12. Name dk
13. Birthplace dk (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name dk
15. Birthplace dk (City, town, or county) 9 (State or foreign country)
16. (a) Informant Hospital Records
(b) Address Fulton Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 24 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Meta Mo
18. (a) Signature of funeral director H H Strop
(b) Address Meta Mo
19. (a) May 24 48 (Date received local registrar) (b) Joyce Mossinkoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1948 hour 8 minute 15a M.
21. I hereby certify that I attended the deceased from May 22-48, 19..., to May 24-48, 19...; that I last saw him alive on May 23-48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Chr myocarditis
Due to
Due to
Other conditions Sm arteriosclerosis
(Include pregnancy within 3 months of death)
93D

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) (e) Means of injury
23. Signature J C Caldwell (M. D. or other) D
Address Fulton Mo Date signed 5/24/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 3, 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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed H. H. Shrop

Licensed Embalmer No. 2924

P. O. Address Meta 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.