

S. No. 2
M-2-43
17-39
X35657

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18457**
Registrar's No. **18**

FILED MAY 21 1948

Registration District No. **832** Primary Registration District No. **6186**

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

1. PLACE OF DEATH:

(a) County **Janey**

(b) City or town **Hilda, Mo - Rural**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1** year
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Janey**

(c) City or town **Hilda, Mo Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **0**
(If rural, give location)

(e) Citizen of foreign country? **USA** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **MONIA CASEY**

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **none**

4. Sex **MO** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Calvin Casey**

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

7. Birth date of deceased **April 6 1861**
(Month) (Day) (Year)

8. AGE: Years **87** Months **0** Days **27** hr. min.

9. Birthplace **Indiana** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER

12. Name **Charles Casey**

13. Birthplace **Unknown** (City, town, or county) (State or foreign country)

14. Maiden name **Jane Robinson**

15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Walter Everly**

(b) Address **Hilda, Mo**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **5/13/48** (Month) (Day) (Year)

(c) Place: burial or cremation **Bram County**

18. (a) Signature of funeral director **W. Cobb**

(b) Address **Forsyth Mo**

19. (a) **May 3, 48** (Date received local registrar)

(b) **18 Cassville** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **2** year **1948** hour **10** minute **P.** M.

21. I hereby certify that I attended the deceased from **May 2 1948** at **Debetts** and that death occurred on the date and hour stated above.

Immediate cause of death **acute heart attack**

Due to **Cancer of Breast**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

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 **3**

23. Signature **Harry Forsyth** (M.D. or other)

Address **Bramson Mo** Date **5-13-48**

RECEIVED

District Health Officer No. 6,

District File Number 548-591

Date Filed MAY 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.....

Walter S. Cobb

Registered Apprentice No. 94

working under my personal supervision.

Signed Minnie L. Shelton

Licensed Embalmer No. 2277

P. O. Address Brandon, M.

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.