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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 18 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20388**

Registration District No. **280**

Primary Registration District No. **4419**

Registrar's No. **8**

1. PLACE OF DEATH:
 (a) County **Platte**
 (b) City or town **Dearborn Mo. (Home)** *Green*
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **None** (Specify whether
 In this community **20 years** years, months or days)

3: (a) PRINT FULL NAME **Harry A. McCaslin**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Sept. 1 1892**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 **10** **3** hr. min.

9. Birthplace **Excelsior Springs** *Mo*
 (City, town, or county) (State or foreign country)

10. Usual occupation **Mail Clerk**

11. Industry or business _____

MOTHER FATHER {
 12. Name **George A. McCaslin** /
 13. Birthplace **Vinton, Iowa** /
 (City, town, or county) (State or foreign country)
 14. Maiden name **Mary E. Hatfield** /
 15. Birthplace **Lynn, Iowa** /
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs W. J. Wilson**
 (b) Address **Dearborn, Missouri**

17. (a) **Burial** (b) Date thereof **6/5/1948**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill Cem. Excelsior Springs, Mo**

18. (a) Signature of funeral director **Wagner & Aufranc**

(b) Address **Dearborn, Missouri**

19. (a) **June 10-48** (b) *Alphia Rollins*
 (Date received local registrar) (Registrar's signature) **157**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Platte** **83**
 (c) City or town **Dearborn, Missouri** **0**
 (If outside city or town limits, write "RURAL") **0**
 (d) Street No. **None** (If rural, give location) **0**
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **3**
 year **1948** hour **11** minute **10** P.M.
 21. I hereby certify that I attended the deceased from **May 20**
 19 **48**, to **June 3**, 19 **48**;
 that I last saw **1m** alive on **June 3**, 19 **48**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis of a** *Duration*
Kidney **20**
Days
 Due to _____
 Due to _____

Other conditions **None**
 (Include pregnancy within 3 months of death)

Major findings: **None** **20**
 Of operations _____
 Of autopsy **NO**
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) _____ (e) Means of injury _____

23. Signature *W. A. Moore* (M. D. or other) **MS**
 Address **Dearborn Mo** Date signed **6-4-48**

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-17-48

AUG 21 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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.