No. 2
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17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 20 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28936

Primary Registration District No. 1000

Registrar's No. 958

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: Missouri St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 Mo. 1 day (Specify whether years, months or days)
In this community: 1 mo. 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 2017 Savannah, Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Beverly Ann Kasselhute

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: white

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: July (Month) 31, (Day) 1948 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	1	1	hr. min.

9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: ---

11. Industry or business:

FATHER
12. Name: David Kasselhute Jr.
13. Birthplace: St. Joseph, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Donna L. Pankau
15. Birthplace: St. Joseph, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Mr. David Kasselhute Jr.
(b) Address: 2017 Sav. Ave., St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery

18. (a) Signature of funeral director: Stamey Funeral Home
(b) Address: St. Joseph, Missouri

19. (a) 9-13-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 2 year 1948 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 31, 1948 to September 2, 1948 that I last saw her alive on September 2, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Prematurity	
Due to: XX	
Due to: XX	
Other conditions: XX (Include pregnancy within 3 months of death)	
XX	
Major findings: Of operations: XX	
Of autopsy: XX	

PHYSICIAN — Underline the cause of which death should be charged statistically.

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22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): XX
(b) Date of occurrence: XX
(c) Where did injury occur? XX (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? XX (Specify type of place)
While at work? XX (e) Means of injury: X 0

23. Signature: Quentin D. Chain (M. D. XXXX)
Address: The Tootle Bldg. St. Joseph, Mo. Date signed: 9-4-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.