

S. No. 2
M-5-43
7. 5-17-39
I X36671

FILED DEC 8 1948

Registration District No. **372**

Primary Registration District No. **4543**

Registrar's No. **19**

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

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Seymour Mo.
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

(c) City or town Seymour Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME James William Caskey

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W

6. (b) Name of husband or wife Jessie Lee Caskey 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased June 3 1871
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4
year 1948 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>5</u>	<u>1</u>	hr. _____ min. _____

Immediate cause of death Natural Causes, Probably Heart Attack.

Due to _____

Due to _____

9. Birthplace Webster County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

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

Due to _____

11. Industry or business

12. Name John Caskey

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

14. Maiden name Unknown

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

Major findings: Of operations 95

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Billie Sunday Caskey Son

(b) Address 14 E. Main St. Sls. Co. Okla.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 8 48
(Month) (Day) (Year)

(c) Place: burial or cremation Seymour Cemetery

18. (a) Signature of funeral director W. Kelly Ferrell, Bergman

(b) Address Seymour Mo.

19. (a) Nov 14 (Date received local registrar) (b) Gilbert Jones (Registrar's signature)

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? 5

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. K. Kelley (M. D. or other) Coroner, Webster Co.

Address Fordland Mo. Date signed 11-6-48

RECEIVED

RECEIVED

District Health Officer No. 6,

District File Number 1248-1337

Date Filed 12-9-48

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.....

Max L. Miller

Registered Apprentice No. 282

working under my personal supervision.

Signed H. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Forsland 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.