BERTH NO. BEG. DIST. NO. J. PRIMARY REC. DIST. NO. J. Registron', No. J.  I. PLACE OF DEATH  a. COUNTY J. S. DET  D. CITY GIT concide comparate limits, write RURAL and day symanics of Town  Carthage  C. CITY (If concide comparate limits, write RURAL and day symanics)  D. CITY (If concide comparate limits, write RURAL and day symanics)  D. CITY (If concide comparate limits, write RURAL and day symanics)  D. CITY (If concide comparate limits, write RURAL and day symanics)  D. CITY (If concide comparate limits, write RURAL and day symanics)  D. CITY (If concide comparate limits, write RURAL and day symanics)  D. CITY (If concide comparate limits, write RURAL and day symanics)  D. CITY (If concide comparate limits, write RURAL and day symanics)  D. CITY (If concide comparate limits, write RURAL and day symanics)  D. CITY (If concide comparate limits, write RURAL and day symanics)  D. CITY (If concide comparate limits, write RURAL and day symanics)  D. CITY (If concide comparate limits, write RURAL and day symanics)  D. CITY (If concide comparate limits, write RURAL and day symanics)  D. CITY (If concide comparate limits, write RURAL and day symanics)  D. CITY (If concide comparate limits, write RURAL and day symanics)  D. CITY (If concide comparate limits, write RURAL and day symanics)  D. CITY (If concide comparate limits, write RURAL and day symanics)  D. CITY (If concide comparate limits, write RURAL and day symanics)  D. CITY (If concide comparate limits, write RURAL and day symanics)  D. CITY (If concide comparate limits, write RURAL and day symanics)  D. CITY (If concide comparate limits, write RURAL and day symanics)  D. CITY (If concide comparate limits, write RURAL and day symanics)  D. CITY (If concide comparate limits, write RURAL and day symanics)  D. CITY (If concide comparate limits, write RURAL and day symanics)  D. CITY (If concide comparate limits, write RURAL and day symanics)  D. CITY (If concide comparate limits, write RURAL and day symanics)  D. CITY (If concide comparate limits, write RURAL an	FILED MA	Y 11 1949	•		ALTH OF MISSO FICATE OF DE		State File	<b> 128</b>
1. PLACE OF DEATH   a. COUNTY Jasper	BIRTH NO			10-7				
D. CITY (If conside corporate limits, write RURAL and give for weaking)  OR Carthage  OR Carthag	I. PLACE OF DE				2 USUAL RESID	DENCE (V	Vhere descesed lived.	If institution: re
This does not mean the factor of the factor	a. COUNTY Ja:	sper			a. STATE Mis	souri	b. COUNTY	Jasper
This does not mean the factor of the factor	b. CITY (If outside o	orporate limits, write RU	RAL and give	LENGTH OF	C. CITY (If outside or	orporate limite	, write RURAL and give	township)
This does not mean the factor of the factor	TOWN Car	rthage	(waship)	62 yrs	Town Ca	irthag	e	
NAME OF DECASED SUDIE CASEY BOGGESS ADTE (Man) 3, 3, 10 Per print) SUDIE CASEY BOGGESS ADTE (Man) 3, 25, 100 Per print) SUDIE CASEY BOGGESS ADTE (Man) 3, 25, 100 Per print) SUDIE CASEY BOGGESS ADTE (Man) 3, 25, 100 Per print) SUDIE CASEY BOGGESS ADTE (Man) 3, 25, 100 Per print) SUDIE CASEY BOGGESS ADTE (Man) 3, 25, 100 Per print) SUDIE CASEY BOGGESS ADTE (Man) 3, 25, 100 Per print) SUDIE CASEY BOGGESS ADTE (Man) 3, 25, 100 Per print) SUDIE CASE (Man) 4, 100 Per print) SUDIE CASE (Man) 4, 100 Per print) SUDIE CASE (Man) 4, 100 Per print) Print (Man) 3, 100 Per print (Man) 4, 100 Pe	d FULL NAME OF HOSPITAL OR		titution, give street a	idrem or location)	d. STREET	-	= -	
(Type or Print)  SUDIE  CASEY  S. SEX  S. COLOR OR RACE  7. MARRIED NEWSY MARRIED  WIDDWED, DIVORCED, (Speedty)  WiddOwed  October 29, 1878  70  October 29, 1878  TO Cotober 29, 1878  Winter  October 29, 1878  Winter  October 29, 1878  TO October 29, 1878  Winter  IN BIRTHPLACE (State or toredge country)  III. BIRTHPLACE (State or toredge country)  Winter  III. BIRTHPLACE (State or toredge country)  Winte			····	·	10	)12 S.	Garrisor	Ave.
(Type or Print)  SUDIE  CASEY  S. SEX  S. COLOR OR RACE  7. MARRIED NEWSY MARRIED  WIDDWED, DIVORCED, (Speedty)  WiddOwed  October 29, 1878  70  October 29, 1878  TO Cotober 29, 1878  Winter  October 29, 1878  Winter  October 29, 1878  TO October 29, 1878  Winter  IN BIRTHPLACE (State or toredge country)  III. BIRTHPLACE (State or toredge country)  Winter  III. BIRTHPLACE (State or toredge country)  Winte	3. NAME OF DECEASED	• •	_	•			4. DATE (Mor	3. 1
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A many of muchage life, wreat if recibred   At home   DUSTRY			<u>wadowed</u>	)			8 70 l	
13b. MOTHER'S MAME   13b. MOTHER'S MAIDEN NAME   14. NAME OF HUSBAND OR WIFE   WIT. D. CASEY   SOPHIA E. Marsh   Hale M. Boggess   15. Was deceased everyon of the war or date of service)   16. SOCIAL SECURITY   NO.   INTEGRMENT'S SIGNATURE OR NAME   Cartinor of the control of sping, such as heart failure, authenia, the discase, injury, or compilion to which coused death.   DUE TO (c)   Full of the disease or condition consing death.   DUE TO (c)   Full of the disea	done during most of work	ing life, even if retired)	10b. KIND OF BU	SINESS OR IN- DUSTRY	1			12. CITIZ COUNT
Win. D. Casey Sophia E.  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. INC. INC. S. or unknown) (II yes, give war or dates of service) (16. SOCIAL SECURITY NO. INC. INC. INC. INC. INC. INC. INC. INC	retired h	ousewfie		ne				
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY INFORMANT'S SIGNATURE OR NAME Cartiform on which consume per line for (a), (b), and (c)  18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  18. CAUSE OR DEATH Line for (a), (b), and (c)  18. CAUSE OR DEATH Line for (a), (b), and (c)  18. CAUSE OR DEATH Line for (a), (b), and (c)  18. CAUSE OR DEATH Line for (a), (b), and (c)  18. CAUSE OR DEATH Line for (a), (b), and (c)  18. CAUSE OR DEATH Line for (a), (b), and (c)  18. CAUSE OR DEATH Line for (a), (b), and (c)  19. MEDICAL CERTIFICATION  19. MORE CANADAM CURRENT CONSTRUCTION  19. MORE CANADAM CURRENT CONSTRUCTION  20. AUTHOR  19. MORE CANADAM CURRENT CONSTRUCTION  21. Thereby certify that I attended the deceased from MOAN 19. 19. A. TO WHILE AT MORE WORK AND	13a. FATHER'S NAME		136. MOT	HER'S MAIDEN	NAME			
IN CAUSE OF DEATH Enter only one occuse per Enter only one occuse per Enter only one occuse per Inter only one occuse occuse (a)  ANTECEDENT CAUSES  Adorbid conditions, if any, giving DUE TO (b)  ANTECEDENT CAUSES  Adorbid conditions, if any, giving DUE TO (c)  Final occupant and occurred act.  Internation  Internation  ANTECEDENT CAUSES  Adorbid conditions, if any, giving DUE TO (b)  The occupant occurred act.  Internation  Internation  Internation  Internation  Internation  ANTECEDENT CAUSES  Adorbid conditions, if any, giving DUE TO (b)  Anternation  Internation  Inte				• • • • • • • • • • • • • • • • • • • •	1			
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IN CAUSE OF DEATH Enter only one occuse per Enter only one occuse per Enter only one occuse per Inter only one occuse occuse (a)  ANTECEDENT CAUSES  Adorbid conditions, if any, giving DUE TO (b)  ANTECEDENT CAUSES  Adorbid conditions, if any, giving DUE TO (c)  Final occupant and occurred act.  Internation  Internation  ANTECEDENT CAUSES  Adorbid conditions, if any, giving DUE TO (b)  The occupant occurred act.  Internation  Internation  Internation  Internation  Internation  ANTECEDENT CAUSES  Adorbid conditions, if any, giving DUE TO (b)  Anternation  Internation  Inte	1			ne	Mrs. Earl	Overb	y,1012 Ga	rrIson
19a. DATE OF OPERA- TION  19b. MAJOR FINDINGS OF OPERATION  21c. ACCIDENT SUICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE OF INJURY  19b. MAJOR FINDINGS OF OPERATION  21c. (CITY, TOWN, OR TOWNSHIP)  21c. (CITY, TOWNSHIP)  21c. (CITY, TOWNSH	the mode of aying, such as heart fallure, asthenia, etc. It means the dis- ease, injury, or complica- tion which caused death.	i	DUE	TO (c) F N	boli, ar	tery	Jemora	<u>)</u> 39
19a. DATE OF OPERATION  21a. ACCIDENT (Breelty)  21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE  21d. Month)  22d. Name of cemetery or crematory  22d. Location (City, town, or county)  22d. Month)  22d. Name of cemetery  22d. Month)		Conditions contribu- related to the disease	ting to the death but or condition causing	not death. DO	منهنده ا	-weg	eye	<sup>ex</sup>   100
21a. ACCIDENT (Brockly)  21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE  HOMICIDE  HOMICIDE  121d. TIME (Month) (Day) (Foar) (Hour)  OF INJURY  221e. INJURY OCCURRED  WHILE AT NOT WHILE WORK 21f. How DID INJURY OCCUR?  221f. How DID INJUR		19b. MAJOR FINDI	NGS OF OPERATIO	ON /		· 1	: F	20. AU
21d. TIME (Month) (Day) (Total) (Hour) (Hour	21a. ACCIDENT SUICIDE	(Specify) 21	Ib. PLACE OF INJUR	Y (e.g., in or about st, office bldg., ste.)	21c. (CITY, TOWN, OF	R TOWNSHIP	) (COUNT	
22. I hereby certify that I attended the deceased from May 14, 1946, to May 3, 1949; that I last saw to alive on May 3, 1949, and that death occurred at 0:30am., from the Gauses and on the date stated above 22a. SIGNATURE  22a. SIGNATURE  22a. BURIAL. CREMA- 24b. DATE  124c. NAME OF CEMETERY OR CREMATORY  24d. LOCAT ON (City, town, or county)  12a. BURIAL CREMA- 24b. DATE  12a. NAME OF CEMETERY OR CREMATORY  12a. LOCAT ON (City, town, or county)  12a. BURIAL CREMA- 24b. DATE  12a. NAME OF CEMETERY OR CREMATORY  12a. LOCAT ON (City, town, or county)  12a. BURIAL CREMA- 24b. DATE  12a. NAME OF CEMETERY OR CREMATORY  12a. LOCAT ON (City, town, or county)  12b. ADDRESS  2a. Exercise 24b. DATE  2a. SIGNATURE  2a. SIGNATURE  2b. DATE  2c. C.	21d. TIME (Month	) (Day) (Year) (B	WHILEAT	NOTWHILE	21f. HOW DID INJUR	Y OCCUR7		
Jarge H. Jan M. J. Locat On (City, town, or county)  24a. BURIAL, CREMA- 24b. DATE   24c. NAME OF CEMETERY OR CREMATORY   24d. LOCAT ON (City, town, or county)  TION, REMOVAL (Species)  Day 6 1949 Park Cemetery Carthage, Missour  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE   73.7 5. FUNERAL DIRECTOR'S SIGNATURE   ADDRESS  REG.   RE	alive on MQ	that I attended the			10:30a <sub>m., from</sub>	lay 3 the couses	, 19 + 4; that and on the date	
burial May 6 1949 Park Cemetery Carthage Missour Missour Carthage Missour Mis	· Je		Wood	M.D.	Lay	ha	ge Mo	Mai
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS  REG. REGISTRAR'S SIGNATURE ADDRESS  W. 1-16.49 Knell Mortuary Carthage. I	TION, REMOVAL, (Breekt	a   <i>1</i> : '	1				· ·	
We record to the ly Knell Mortuary Carthage.				N COURS				ADDRESS
May - 1 4 7 1 (1) Comment of Description of the Comment of Description of the Comment of Description of the Comment of the Com				- 1/3X	1			
	Ways - 1447	<u> </u>	- week	~ M.J.	. IVIOTI 210	I DUCI	J 041 02	.~⊖~, m

If this body is not embalmed, fact should be so stated above.

## STATEMENT BY LICENSED EMBALMER

working under my personal supervision.			
	Signed Robert H. Knell.		
SignedStudent Embalmer	P. O. Address Carthage		