

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2306

State File No. _____

FILED FEB 24 1942
328

Primary Registration District No. 3017

Registrar's No. _____

1. PLACE OF DEATH: *Grundy*
(a) County _____
(b) City or town *Prenton City*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: *Wright Memorial Hospital*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution *25 days* (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME *REBECCA MARY CASSITY*
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex *Female* 5. Color or race *white* 6. (a) Single, widowed, married, divorced *married*
6. (b) Name of husband or wife *Victor Cassity* 6. (c) Age of husband or wife if alive *65* years
7. Birth date of deceased *Dec 20 1869* (Month) (Day) (Year)

8. AGE: Years *72* Months *11* Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation *Housewife*

11. Industry or business *Home*

12. Name *B. K. Gumpman*

13. Birthplace *unknown 1 Penn* (City, town, or county) (State or foreign country)

14. Maiden name *Mary Gumpman*

15. Birthplace *unknown 1 Penn* (City, town, or county) (State or foreign country)

16. (a) Informant *V. M. Cassity*

(b) Address *Route #3 Prenton Mo*

17. (a) *Buried Purdin* (b) Date thereof *Jan 2 - 1942* (Burial, cremation, or removal) (City, town, or county) (Month) (Day) (Year)

(c) Place: burial or cremation *Purdin Cemetery*

18. (a) Signature of funeral director *David Gumpman*

(b) Address *Prenton Mo*

19. (a) *12-31-41* (b) *Francis J. Saw* (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State *Missouri* (b) County *Grundy*
(c) City or town *Prenton (Rural)* (If outside city or town limits, write "RURAL")
(d) Street No. *P 70 # 2* (If rural, give location)
(e) If foreign born, how long in U. S. A.? *0* years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month *Dec* day *31* year *41* hour *3:45* minute *11* M.

21. I hereby certify that I attended the deceased from *Jan. 1st* to *Dec. 31st*, 19*41*; that I last saw *her* alive on *Dec. 31st*, 19*41*; and that death occurred on the date and hour stated above.

Immediate cause of death *Chronic myocarditis* *2 years*
Due to *do not know*

Due to _____

Other conditions (Include pregnancy within 3 months of death) *938*

Major findings: Of operations _____

Of autopsy _____

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) (Means of injury)

23. Signature *Charles F. Dugan M.D.* (M. D. or other)

Address *Prenton Mo* Date signed *Dec 31st 1941*

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.....

myself....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Robert B. Davis

Licensed Embalmer No.....

4219

P. O. Address.....

Trenton, 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.