

FILED FEB 18 1942

State File No. ....

Registration District No. 304

Primary Registration District No. 4307

Registrar's No. 9

1. PLACE OF DEATH:

(a) County LINN  
(b) City or town PURDIN Linn  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(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)

3. (a) PRINT FULL NAME ORA ANNA 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 WIDOWED  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
ROBERT WILLIAM CASSITY alive..... years  
7. Birth date of deceased MAR 17 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 10 15 br. .... min.

9. Birthplace BALTIMORE MD. D  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business.....

12. Name JOHN WILLIAM CARR  
13. Birthplace 4 SCOTLAND  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown  
15. Birthplace 9  
(City, town, or county) (State or foreign country)

16. (a) Informant PRESSIE CASSITY  
(b) Address MILAN

17. (a) BURIAL (b) Date thereof 2-4-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation PURDIN CEM.

18. (a) Signature of funeral director Rigger  
(b) Address Milan, Mo

19. (a) Feb-4-42 (b) U C Dryden  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINN  
(c) City or town PURDIN  
(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..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 2  
year 1942 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from November 10 1936 to February 2 1942  
that I last saw him alive on February 2 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Carcinoma of liver and gall bladder

Due to.....

Due to.....

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

Major findings:  
Of operations.....

Of autopsy.....

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?

While at work?..... (Specify type of place)  
(c) Means of injury..... 2

23. Signature William M. Karger (M. D. or other) DO  
Address Purdin, Mo Date signed 2-4-42

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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.....

*Not Embalmed*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Russell C. Leggin*

Licensed Embalmer No. *3792*

P. O. Address *Melan. 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.**