

12
1
2

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

Registration District No. 137

Primary Registration District No. 3023

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton mo
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42
(c) City or town Clinton mo 2
(d) Street No. 621 WEST Grandview
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME

JAMES CASHMAN

3. (b) If veteran name war
3. (c) Social Security No. 491-202089

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
year 1943 hour 3 PM minute M.
21. I hereby certify that I attended the deceased from Dec 1942 to May 31 1943
that I last saw him alive on April 30 1943
and that death occurred on the date and hour stated above.

4. Sex M
5. Color or race white
6. (a) Single, widowed, married, divorced Sing
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug 3 1878
(Month) (Day) (Year)

Immediate cause of death acute prostatitis following rheumatic fever
Duration

8. AGE: Years 64 Months 9 Days 28
If less than one day hr. min.

Due to
Due to

9. Birthplace CLINTON mo
(City, town, or county) (State or foreign country)

Other conditions Acute Prostatitis
Bladder infection
Major findings:
Of operations

10. Usual occupation Butcher by trade

Of autopsy 582
Underline the cause to which death should be charged statistically.

11. Industry or business

MOTHER FATHER
12. Name John Cashman
13. Birthplace Ill 1
(City, town, or county) (State or foreign country)
14. Maiden name Chris STANKS
15. Birthplace Warraw mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Tom Harrelson
(b) Address Clinton mo

17. (a) Burial (b) Date thereof 6-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Consuelo Beck
(b) Address Clinton mo

19. (a) June 2, 1943 (b) Georgia Kitchener
(Date received local registrar) (Registrar's signature) G.K.

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)
(e) Means of injury
23. Signature Geo S. [Signature] (M.D. or other) No
Address Clinton Mo Date signed June 2 1943

1069

1943

RECEIVED

District Health Officer No. 7,

District File Number 6-43-635

Date Filed 7-8-43

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 J E Corisolew

Licensed Embalmer No. 1891

P. O. Address Clinton 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.