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M—8-43
. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30423

FILED OCT 6 1944
Registration District No.

Primary Registration District No. 3002

Registrar's No. 137

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

1. PLACE OF DEATH
(a) County Audrain Co. Mo.
(b) City or town Mexico (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Avalon Apt 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 Audrain
(c) City or town Mexico (If outside city or town limits, write "RURAL")
(d) Street No. Avalon Apt 1 (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME James Andrew Cassity
3. (b) If veteran, name war
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. (Month) 12 (Day) 1877 (Year)

8. AGE: Years 69 Months 9 Days 17 If less than one day hr. min.

9. Birthplace Purdin (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Ins. agent
11. Industry or business Insurance
MOTHER FATHER
12. Name Wm H Cassity
13. Birthplace Ky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Laura Jane, ?
15. Birthplace Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Nora Cassity
(b) Address 203 W. Love St Mexico, Mo
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Oct 1-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Purdin Mo.
18. (a) Signature of funeral director Mc Pherson Bros
(b) Address Mexico Mo.
19. (a) 9/30/44 (Date received by local registrar) (b) Margaret H Mackie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29 year 1944 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 1 1944 to Sept-29 1944 that I last saw him alive on Sept 27-1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Heart Block	
Due to: Extreme Hypertrophy of Heart - Chronic	
Due to: Arteriosclerosis - Hypertension	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R H Mackie M.D. (M. D. or other)
Address Mexico Mo. Date signed 9-30-44

1074

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-44-1656
Date Filed OCT 5 1944

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 Roy A. McPheeters

Licensed Embalmer No. 1133

P. O. Address Mexico 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.