No. 2
-2-43
17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 25 1945
Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

19437
State File No.
Registrar's No. 2439

1. PLACE OF DEATH:
(a) County JACKSON.
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RESEARCH HOSPITAL.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY
In this community 18 YEARS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL")
(d) Street No. 4309 GILLHAM RD. (If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mr. CECIL L CASSITY

3. (b) If veteran, name war NO

3. (c) Social Security No. 487-07-4164

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARGARET CASSITY

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased JULY (Month) 31 (Day) 1892 (Year)

8. AGE: Years 52 | Months 10 | Days 7 | If less than one day ____ hr. ____ min.

9. Birthplace PURDIN (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation MOTOR MAN

11. Industry or business KC. PUBLIC SERVICE CO

MOTHER FATHER

12. Name P. W. CASSITY

13. Birthplace PURDIN MISSOURI (City, town, or county) (State or foreign country)

14. Maiden name ORR,

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

16. (a) Informant Mrs Margaret Cassity
(b) Address 4309 Gillham Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Purdin, Missouri

18. (a) Signature of funeral director W. H. Newcomer & Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 6-8-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 8th year 1945 hour 4 minute 05 A.M.

21. I hereby certify that I attended the deceased from June 7, 1945, to June 8, 1945; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 830	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Harold A Babbitt (M. D. or other) M.D.
Address 1132 Professional Bldg Date signed 7/8/45

(Licensed Embalmer's Statement on Reverse Side)

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C 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.