S. No. 2
-11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

34092

State File No.

FILED NOV 12 1946

Registration District No. 183 Primary Registration District No. 5683 Registrar's No.

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County LINN 58
(c) City or town RURAL
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME WEAVER CLYDE CASSITY
3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CLORA CASSITY 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased AUG 6 1881
(Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 14 If less than one day hr. min.

9. Birthplace LINNEUS MO
(City, town, or county) (State or foreign country)
10. Usual occupation FARMER
11. Industry or business

FATHER
12. Name ARMSTRONG CASSITY
13. Birthplace LEE CO IOWA
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name JOSEPHINE POUND
15. Birthplace PURDIN MO
(City, town, or county) (State or foreign country)

16. (a) Informant MRS CLORA CASSTY
(b) Address PURDIN
17. (a) Burial (b) Date thereof 10-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation PURDIN
18. (a) Signature of funeral director Riggen & Son
(b) Address Milan, Mo
19. (a) Oct. 21, 1946 (b) Elza Cruikshank
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 20
year 1946 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from
—, 1940 to —, 1946
that I last saw h— alive on Oct 16, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis | Duration

Due to

Due to

Other conditions Hypertension
(Include pregnancy within 3 months of death)
Arteriosclerosis

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 J. R. McArter (M. D. or other)
Address Browning, Mo Date signed 10/—/46

1606

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Russell O Boggess

Licensed Embalmer No. 3292

P. O. Address Milan Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.