

FILED MAR 26 1947

State File No. \_\_\_\_\_

Registration District No. 187

Primary Registration District No. 3023

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Moore Nursing Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 wk.  
(Specify whether years, months or days) 20 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry  
(c) City or town Clinton Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Central  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Chas. Allen Caskey

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, widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 11 21 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 3 29 hr. \_\_\_\_\_ min.

9. Birthplace Loper co. Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Sampson Caskey  
13. Birthplace Ill.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mercy Stephens  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Agnes Rockefeller

(b) Address Clinton Mo.

17. (a) Central (b) Date thereof 3-21-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (e) Signature of funeral director Ed. E. Beckley

(b) Address Clinton Mo.

19. (a) 3-20-47 (b) A. B. Kenney  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 20  
year 1947 hour 7:30 minute 00 M.

21. I hereby certify that I attended the deceased from 3/11 1947 to 3/20 1947  
that I last saw him alive on 3-19- 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Endarteritis  
Due to Arterio-Sclerosis

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) (e) Means of injury \_\_\_\_\_  
23. Signature Ed. E. Beckley M.D.  
Address Clinton Mo. Date signed 3/20/47

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

MOTHER FATHER

120

RECEIVED  
District Health Officer No. 7,  
District File Number 2-47-321  
Date filed 3-25-47

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.....

*Leadbetter Williams Jr.*, Registered Apprentice No. *454*  
working under my personal supervision.

Signed *Fred Williams*

Licensed Embalmer No. *2478*

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.