

REC'D AUG 7 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24422
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Raw Primary Registration District No. 1002
 (c) City Kansas City (d) Missouri Hospital Registered No. 2635
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Cassie Fresh (Cassie Fresh)
 (a) Residence, No. Blue Springs Mo (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FM 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Fresh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 2 21

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER
 13. NAME Thompson Thompson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) B. Carolina

MOTHER
 15. MAIDEN NAME E. Straton
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. Carolina

17. INFORMANT Max A. Ryley
 (ADDRESS) Blue Springs Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt. Marsh KC. DATE July - 3 39

19. FUNERAL DIRECTOR (NAME) R. B. Webb
 (ADDRESS) Blue Springs Mo

20. FILED July 1 1939 W. M. Crowe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30 1939

22. I HEREBY CERTIFY That I attended deceased from May 28 1939, to June 30 1939
 I last saw her alive on June 25 1939. Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
Valvular Heart Disease
Senile Malnutrition
100%
 Date of onset

Other contributory causes of importance:
Intestinal Obstruction
2. cholera

Name of operation _____ Date of _____
 What test confirmed diagnosis? lab Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? + Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) Joseph Gatson, M. D.
 (Address) 1219 Rialto Bldg

COPYED FROM ORIGINAL WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X 14623

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.