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.

JAN 8 1940

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

44299
Do not use this space.

2

1. PLACE OF DEATH
(a) County Pettis
(b) Township Elk Fork
or
(c) City Green Ridge
Registration District No. 664
Primary Registration District No. 5883
Registered No. 26
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Roy Carl Cashner
(a) Residence, No. Green Ridge Missouri Route 1
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lola Mae Cashner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 22, 1875

7. AGE: YEARS 64 | MONTHS 9 | DAYS 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Wood turner
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
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): Kansas City Missouri

FATHER
13. NAME: James W. Cashner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dayton Ohio

MOTHER
15. MAIDEN NAME: Laura Hughes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Indiana

17. INFORMANT (ADDRESS): Mrs. Lola Cashner Rt. 1, Green Ridge, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hickory Point DATE 12-9-39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Duane Ewing Sedalia, Mo.

20. FILED Dec 8th, 1939 C. R. Hallig Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1939, to Dec 7, 1939
I last saw him alive on Dec 7, 1939. Death is said to have occurred on the date stated above, at 8:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10/11/39
Other contributory causes of importance: Influenza	11/27/39

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) H. A. Hite, M. D.
(Address) Green Ridge Mo

(Licensed Embalmer's Statement on Reverse Side)

Hite

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1/5/40

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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia, Misso

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

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