

MAY 15 1940

399

Registration District No.

Primary Registration District No.

1002

Registrar's No.

1812

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:
3253 Warwick Boulevard
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 11 years
 years, months or days

3. (a) PRINT

FULL NAME Dr. Collin Hill McCaslin

3. (b) If veteran,

name war no

3. (c) Social Security

No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 7. Birth date of deceased August 24, 1852
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 8 5
 hr. _____ min.

9. Birthplace Deputy, Indiana
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Physician

11. Industry or business _____

12. Name James McCaslin
 13. Birthplace Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Sophia Shrewsbury
 15. Birthplace Indiana
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Stewart M. Hutcherson
 (b) Address Houston, Texas

17. (a) Burial (b) Date thereof May 1, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Freeman Mortuary
 (b) Address 104 W. 42nd St., K.C., Mo.

19. (a) April 29, 1940 M. M. Browne
 (Date received local registrar) (Registrar's signature)

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. 3253 Warwick Boulevard
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29,
 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from March 1940
 _____, 19____, to _____, 19____;

that I last saw him alive on April 24-40, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

arterio-sclerosis and hypertension

Due to _____

Encephalo-malacia

Due to _____

Other conditions _____
 (include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy no 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 1

23. Signature Vincent Williams (M. D. or _____)
 Address 736 Arroyo Blvd Date signed April 29

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed *Samuel Freeman*

Licensed Embalmer No. *2939*

P. O. Address *F. O. M. O.*

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.