FILED AUG 10 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24607

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 724

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

1. PLACE OF DEATH:
(a) County BUCHANAN
(b) City or town ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: STATE HOSPITAL No 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 mo. 7 da. of St Joseph Mo (Specify whether
In this community Since ~~July~~ July 28 - 1939 11 mo. 7 da.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 3707 Woodland av
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Frank L. Caskey JOD

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife Alice
6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased January (Month) 3, (Day) 1857 (Year)

8. AGE: Years 83 Months 6 Days 2 If less than one day hr. min.

9. Birthplace Ohio (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Son John L. Caskey
(b) Address 3707 Woodland, Kansas City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9, 40 (Month) (Day) (Year)
(c) Place: burial or cremation Springfield Mo.
18. (a) Signature of funeral director John E. Rupp
(b) Address 6054 Pryor Ave., St. Joseph, Mo.
19. (a) July 8, 1940 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 5 day year 1940 hour 6 minute A M.

21. I hereby certify that I attended the deceased from June Nov 21, 1939, to July 5th, 1940, that I last saw him alive on July 4, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease, with marked cardiac decompensation

Due to

Due to

Other conditions Senile mental deterioration
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

Duration

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 P. S. Tate (M. D. or other) MD
Address Mo State Hosp. #2 Date signed 7-5-40

(Licensed Embalmer's Statement on Reverse Side)

SEP 30 1948

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

Myself, Registered Apprentice No.

working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, Missouri

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

If this body is not embalmed, fact should be so stated above.