

NOV 21 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36096

Registration District No. 718

Primary Registration District No. 6430

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Unionville, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Monroe Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10
(Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Putnam
(c) City or town Worthington, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1/2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28
year 1940 hour 5 minute P. M.
21. I hereby certify that I attended the deceased from Oct 17
1940 to Oct 28 1940
that I last saw him alive on Oct 28 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia
Due to Chronic nephritis
Due to Hypertension
Other conditions: Anemia
(Include pregnancy within 3 months of death)

Duration several years
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME: Elvis Beverley Cassidy

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 Married

6. (b) Name of husband or wife: Nettie Cassidy 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased July 12 - 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	47	03	16	hr. min.

9. Birthplace Putnam, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Wesley Cassidy

13. Birthplace Ohio (City, town, or county) (State or foreign country)

14. Maiden name Ellen Beard

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Gilbert Cassidy

(b) Address Worthington, Mo.

17. (a) Burial (b) Date thereof Oct-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McCune Cem.

18. (a) Signature of funeral director F. O. Hynes
(b) Address Unionville, Mo.

19. (a) Oct. 31, 1940 (b) F. W. Stillman
(Date received local registrar) (Registrar's signature)

Major findings: Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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 E. H. Magee (M. D. or other) M.D.
Address Unionville, Mo. Date signed Nov 1 - 40

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

RECEIVED

District Health Officer No. 10

District File Number 11-40-2029

Date Filed NOV 8 1940

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

Murl E. Husted

Licensed Embalmer No. 3304

P. O. Address Unionville, N.C.

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.

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Registration District No. 718

Primary Registration District No. 6430

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Unionville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town.....
(If outside city or town limits write "RURAL")
(d) Street No.....
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

3. (a) PRINT FULL NAME

Elvin Beverly Cassidy

3. (b) If veteran, name war..... 3. Social Security No. 4

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... years

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day min.
47 3 16

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....
13. Birthplace..... (City, town, or county) (State or foreign country)
14. Maiden name Putnam
15. Birthplace Putnam Missouri (City, town, or county) (State or foreign country)

16. (a) Informant..... (b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. Oct. 29, 1940 (Date received local registrar) (b) N.W. Billson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Oct day 28 year 1946 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....
that last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Due to.....
Due to.....
Other conditions..... (Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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?.....
While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature E.H. McGehee (M. D. or other) Address Unionville Mo Date signed.....

SUPPLEMENTARY

