

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 194

1. PLACE OF DEATH:

(a) County Butler
 (b) City or town Poplar Bluff
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Poplar Bluff Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 weeks 4 days
 In this community 2 weeks (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jeanette Cassity

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 7, 1930
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>10</u>	<u>4</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation child

11. Industry or business school girl

MOTHER FATHER
 12. Name Irvin Cassity
 13. Birthplace Peoria, Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name Martha Matson
 15. Birthplace Finland
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Irvin Cassity

(b) Address Eminence, Missouri

17. (a) Burial (b) Date thereof May 4, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Greer-Croy Funeral Serv.

(b) Address Poplar Bluff, Missouri

19. (a) 5/6/41 (b) Kate Lutz
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3 miles from Eminence
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
 year 1941 hour 12 minute 55 P. M.

21. I hereby certify that I attended the deceased from April 28, 1941, to May 2, 1941;
 that I last saw her alive on May 2, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure
 Due to Post-pneumonia encephalitis 10 days

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None
 Of autopsy None

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 _____

28. Signature C. H. Porter (M. D. or other) D
 Address Poplar Bluff, Mo. Date signed 5-5-41

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.

RECEIVED

District Health Officer No.

District File Number 641-7

Date Filed 6/8/41

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 L. Vallan N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, Missouri

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.