

Registration District No. 838

Primary Registration District No. 4509

Registrar's No.

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Dexter
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Dexter
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Few days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Oscar Cassity

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Frances

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

7. Birth date of deceased Dec. 12 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 29
If less than one day hr. min.

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

10. Usual occupation Cabinet maker

11. Industry or business Furniture

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Ponder

(b) Address Dexter, Missouri

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 9-12-41
(Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Greer Croy Service

(b) Address Poplar Bluff, Missouri

19. (a) 9-15
(Date received/local registrar)

(b) [Signature]
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")

(d) Street No. City
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11
year 1941 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept 10 1941 to Sept 11 1941
that I last saw him alive on Sept 10 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to leptocystitis 10 days

Due to _____

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

Major findings: _____

Of operations _____

Of 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 Alfred [Signature] (M. D. or other) _____
Address Poplar Bluff, Mo Date signed 9-15-41

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

RECEIVED

District Health Office No. 2,

District File Number 941-13-1-6

Date Filed 9/22/41

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 Walter M. Fitch
Licensed Embalmer No. 3559
P. O. Address Opal Bluff

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.