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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1941

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 37859

Registrar's No. 1127

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: ST. JOSEPH-1) HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 DAY (Specify whether years, months or days)

In this community 5 DAYS.

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: Barry Co 5'

(c) City or town: Washburn MO. (If outside city or town limits, write "RURAL")

(d) Street No.: R F D #2 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME: LOUIS-E-CASEBOLT

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: married

6. (b) Name of husband or wife: Maude Casebolt

6. (c) Age of husband or wife if alive: 61 years

7. Birth date of deceased: Dec (Month) 25 (Day) 1873 (Year)

8. AGE: Years 67 Months 10 Days 28 If less than one day ___ hr. ___ min.

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

10. Usual occupation: Retired Farmer

11. Industry or business:

FATHER
12. Name: Robert Casebolt.
13. Birthplace: Unk. (City, town, or county) G (State or foreign country)

MOTHER
14. Maiden name: Schrina Taylor
15. Birthplace: Unk. (City, town, or county) G (State or foreign country)

16. (a) Informant: Randall A Casebolt

(b) Address: R. R. 2. St Joseph MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 26 1941 (Month) (Day) (Year)

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

18. (a) Signature of funeral director: Roy Stamey

(b) Address: St Joseph MO

19. (a) Nov 24, 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23 year 1941 hour 12 o'clock minute noon M.

21. I hereby certify that I attended the deceased from Nov 20, 1941, to Nov 23, 1941; that I last saw him alive on Nov 23, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Cirrhosis of Liver — Duration: ?

Due to: ?

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? (Specify type of place)

While at work? (e) Means of injury: [illegible]

23. Signature: [illegible] (M. D. or other) M.D.

Address: P & S Bldg St. Joseph Date signed 11/24/41

(Licensed Embalmer's Statement on Reverse Side)

Dr Cowla
P + S.

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, ~~only~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed John Roy Stanley

Licensed Embalmer No. 2435

P. O. Address St Joseph Mo

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

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