

SEP 11 1942 / 49

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 3275

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3415 Broadway - 2nd Floor North /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ---
In this community 46 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL")
(d) Street No. 3415 Broadway - 2nd Floor North
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ---

3. (a) PRINT FULL NAME Mrs. Mary Sutter Cassella
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 1st
year 1942 hour 4 minute --- P. M.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mr. Paul Cassella
6. (c) Age of husband or wife if alive: --- years
7. Birth date of deceased: May 3 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 1938 to Sept 1, 1942
that I last saw him alive on Sept 1, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
85 3 29 28 hr. min.

Immediate cause of death: Central thrombosis Duration 3 hrs.

9. Birthplace Leavenworth Kansas
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

Due to Internal Diseases & Senility
Due to 83 B
Other conditions (Include pregnancy within 3 months of death)

11. Industry or business: ---
12. Name Unknown Sutter
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN ILLINOIS

Major findings:
Of operations: _____
Of autopsy: _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

15. Birthplace Paul Cassella Germany 4
(City, town, or county) (State or foreign country)
16. (a) Informant Paul Cassella
(b) Address 3415 Broadway
17. (a) Burial (b) Date thereof Sept. 3, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation 1111 Mt. Moriah Cemetery
18. (a) Signature of funeral director D. N. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 9-3-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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)
(c) Means of injury _____
23. Signature Frank J. [unclear] (M. D. or other) MD
Address 211 [unclear] Date signed 9-2-42

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

MOTHER FATHER

2140 Plaza - Medicine #13149.
315 Alameda Road
1-4

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 J. Virgil Henrich
Licensed Embalmer No. 3599
P. O. Address Kansas City, Mo.

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, fact should be so stated above.