

FILED SEP 30 1942

Registration District No. **750** Primary Registration District No. **5572**

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Jackson Co. Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 15 day  
(Specify whether years, months or days)

In this community 36 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2409 Clairmont  
(If rural, give location)

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

3. (a) PRINT FULL NAME Thomas Benton Caswell

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced, widowed 2 divorced widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased March 26, 1852  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

90 6 4 hr. min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Lewis Caswell

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

14. Maiden name Liza Jane Wilson

15. Birthplace no record Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Gordon B. Caswell-son

(b) Address 2409 Clairmont, Indep. Mo.

17. (a) Burial (b) Date thereof 9/24/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glenn Hills Cem.

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence, Mo.

19. (a) Sept 25, 1942 (b) F. H. Schick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22  
year 1942 hour 7 minute 20 p.m.

21. I hereby certify that I attended the deceased from August 8,  
1942 to Sept. 22, 1942  
that I last saw him alive on Sept. 22, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma prostatic gland

Due to \_\_\_\_\_

Due to 518

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Supr pubic drainage

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration 1 year

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 D

23. Signature F B Sailer (M. D. or other) M.D.

Address Independence, Mo. Date signed 9/23/42

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**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.....

*Frank B. Gib*

Licensed Embalmer No.....

*2467*

P. O. Address.....

*Indip. 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.**