

FILED NOV 11 1942

Registration District No. **360**

Primary Registration District No. **3.076**

Registrar's No. **155**

1. PLACE OF DEATH:

(a) County Union
 (b) City or town Keosauqua City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 315 N. West
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 30 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Union
 (c) City or town Keosauqua
 (If outside city or town limits, write "RURAL")
 (d) Street No. 315 N. West
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Isaac Still Cassidy

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

4. Sex M Color or race N
 5. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary Rena Cassidy 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased November 11, 1855
 (Month) (Day) (Year)

8. AGE: Years 86 Months 10 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Cameronville Indiana
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Jamison Cassidy

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

14. Maiden name Melissa Dyer

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

16. (a) Informant Mrs. Mary Cassidy

(b) Address 315 N. West

17. (a) Burial (b) Date thereof Oct. 11, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berea

18. (a) Signature of funeral director Henry Funeral Home

(b) Address Keosauqua Mo.

19. (a) Oct. 21, 1942 (b) Elizabeth Breckenridge
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October Day 11 Year 1942 hour 11 minute AM
 21. I hereby certify that I attended the deceased from May 8, 1942 to Oct 19, 1942
 that I last saw him alive on Sept 16, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial infarction
arterio sclerosis
 Due to _____

Due to _____
 Other condition Chronic Poisoning
 (Include pregnancy within 3 months of death)

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 _____

23. Signature [Signature] (M. D. or other) _____
 Address Keosauqua Mo. Date signed 10-19-42

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7_d

District File Number 11-42-1233

Date Filed 11-10-42

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 Mike E. Ferry
Licensed Embalmer No. 9432
P. O. Address Neosho 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35059
Registrar's No. 155

Registration District No. 360

Primary Registration District No. 3076

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

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Isaac Still Cassidy
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month _____ Day _____
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I saw him _____ live on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Chronic myocarditis, failure of arteries sclerosis Duration 6 mos. 5 yrs

7. Birth date of deceased Nov 11 1886
(Month) (Day) (Year)

Due to _____
Due to Chronic Nephritis
Other conditions Uremic poisoning 2 mos.
(Include pregnancy within 3 months of death)

8. AGE: Years 86 Months 10 Days _____
If less than one day _____ min.

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

Major findings: Of operations _____
Of autopsy 131R
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation _____
11. Industry of business _____
12. Name _____
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

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 _____

18. (a) Signature of funeral director _____
(b) Address _____
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

23. Signature R. B. Wray M.D. (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

35059