

FILED DEC 14 1942

Registration District No. 167

Primary Registration District No. 5608

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Holden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Highway #131, at so. 3 City limits
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 13 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Holden, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XX

3. (a) PRINT FULL NAME Herbert Allen Cassody

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race cauc 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife XXXX 6. (c) Age of husband or wife if alive XXXX years
7. Birth date of deceased October 26 1928
(Month) (Day) (Year)

8. AGE: Years 14 Months 0 Days 27 If less than one day hr. min.

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

10. Usual occupation student

11. Industry or business High School

12. Name Howard E. Cassody

13. Birthplace Cass County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Bula Ray Chaney

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

16. (a) Informant Howard E. Cassody

(b) Address Route #1 Holden, Missouri

17. (a) burial (b) Date thereof Nov 25, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden Cemetery

18. (a) Signature of funeral director Canaday and Ropp

(b) Address Holden, Missouri

19. (a) Nov. 30, 1942 (b) Gladya Ferguson, Dep.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23
year 1942 hour 12:30 minute P M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him alive on Nov. 23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Basil Fracture of Skull

Due to Accidentally falling or stepping from running board of moving automobile

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 051

(b) Date of occurrence November 23, 1942

(c) Where did injury occur? Holden, Johnson, Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway

While at work? (Specify type of place) (a) Means of injury ?

23. Edwin Anderson, M.D. (Physician's name)

Address Holden Mo Date signed 11-28-42

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

51
0

51

8

0

15A

170C-8
28

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-11-42

MAR 24 1943

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: *Lewis Canaday*

Licensed Embalmer No. 3434

P. O. Address Holden, 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.