V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1959

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED FEB 4 1943

State File No.

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 204

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months (Specify whether

In this community 2 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 816 West 44th St. (If rural, give location) 8

(e) Citizen of foreign country? No (Yes or No)

If yes, name country --

3. (a) PRINT FULL NAME Henry Leo Cassidy

3. (b) If veteran, name war World War I

3. (c) Social Security No. Yes-not remembered

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife --

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

7. Birth date of deceased October 29, 1892 (Month) (Day) (Year)

8. AGE: Years 50 Months 2 Days 8 If less than one day hr. min.

9. Birthplace Kansas City, Mo. (City, town, or county) O (State or foreign country)

10. Usual occupation Night watchman - unemployed

11. Industry or business unemployed

FATHER
12. Name Christopher Cassidy
13. Birthplace - (City, town, or county) Missouri O (State or foreign country)

MOTHER
14. Maiden name Catherine Kennedy
15. Birthplace - (City, town, or county) Missouri O (State or foreign country)

16. (a) Informant Hospital Records, Veterans Administra

(b) Address tion, Excelsior Springs, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-6-43 (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Claude Prichard

(b) Address Claude Prichard, Undertaker Excelsior Springs, Mo.

19. (a) 1-6-43 (Date received local registrar) Mrs Sadie Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6 year 1943 hour 5:45 minute A. M.

21. I hereby certify that I attended the deceased from November 6, 1942 to January 6, 1943; that I last saw him alive on January 6, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculosis, pulmonary, far advanced chronic, active	unknown
Due to: Broncho-pneumonia, right lower lung	unknown
Other conditions (Include pregnancy within 3 months of death): Tubercular laryngitis & enteritis	unknown

Major findings: Of operations

Of autopsy As shown above

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 --

23. Signature Forrest G. Bell (M. D. or other) O

Address FORREST G. BELL, M.D. Veterans Administration Excelsior Springs, Mo. Date signed 1-6-43

1166 (Licensed Embalmer's Statement on Reverse Side)

#0

RECEIVED

District Health Officer No. 8, 08

District File Number _____

Date Filed 2-3-43

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Spgs., 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.