

FILED MAR 5 1943

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH: **Jackson**

(a) County **Kansas City**

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

(c) Name of hospital or institution: **4539 Roanoke Parkway /**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **XX** (Specify whether)
30 years years, months or days

In this community **30 years** years, months or days

2. USUAL RESIDENCE OF DECEASED: **48**

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **4539 Roanoke Parkway**
(If rural, give location)
No

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country **0**

3. (a) PRINT **Mrs. Celeste P. Casey**
FULL NAME

3. (b) If veteran, **XX** name war **XX**

3. (c) Social Security **None**
No.

4. Sex **Fe**

5. Color or **Wh**
race

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Frank B. Casey**

6. (c) Age of husband or wife if **61**
alive years

7. Birth date of deceased **April 12 1881**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	61	10	11	hr. min.

9. Birthplace **New London Ohio /**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

12. Name **Charles K. Smith**

13. Birthplace **New Bedford, Mass. /**
(City, town, or county) (State or foreign country)

14. Maiden name **Emma Louise Ladd**

15. Birthplace **Ohio /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Frank B. Casey**

(b) Address **4539 Roanoke Parkway**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **2-25-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Floral Hills Cemetery**

18. (a) Signature of funeral director **J. W. Wagner**
Kansas City, Mo.

(b) Address

19. (a) **2-24-43** (Date received local registrar) (b) **M. M. Brown** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **23rd**
year **1943** hour **3:** minute **08 P** M.

21. I hereby certify that I attended the deceased from **11/20 1942 2/7/43**
that I last saw him alive on **2/7/43** 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial Pneumonia**
Duration 3 days

Due to **Acute Myo Carditis**

Due to **107**

Other conditions **107**
(Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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.....

23. Signature **D. R. Russell** (M. D. or other)

Address **3231 E-11th** Date signed **2/27/43**

361

3011-a
B.E. 4263 until 5 PM
Dixley Ave

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 *A. R. Fainischell*
Licensed Embalmer No. 4159
P. O. Address K. O. 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.