

FILED MAY 3 1943

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
1902 East 24th St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 years (Specify whether years, months or days)

In this community 5 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1902 East 24th St.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sarah Louise Caskey

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fe

5. Color or race Col

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased March 24 1938  
(Month) (Day) (Year)

8. AGE: Years 5 Months 0 Days 9 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Infant

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

MOTHER FATHER { 12. Name Robert Caskey

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

14. Maiden name Jessie Saine

15. Birthplace Memphis 24th Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie Caskey

(b) Address 1902 East 24th St.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/8/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Hatkins Bros.

(b) Address 1729 Lydia

19. (a) 4-8-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd  
year 1943 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 31 1943 to April 3 1943  
that I last saw her alive on April 3 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

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

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

Other conditions (Include pregnancy within 3 months of death)

22. Major findings:  
Of operations ✓

Of autopsy 70

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 0

23. Signature L. H. Booker (M. D. or other)  
Address 2028 Vine St Date signed 4/12/43

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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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.....

*Jerome Marlowe*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

**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.**