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DM-2-43  
5-17-39  
1 X35897

23755

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2989  
Registrar's No.

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:  
Home 1404 Madison  
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME JOHN W. CAZZELL

3. (b) If veteran, no name war

3. (c) Social Security no

4. Sex male 5. Color or race White

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

6. (b) Name of husband or wife Wife 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Jan 21 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76	5	15	hr. min.
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9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business John W. Cazzells

12. Name Missouri

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

14. Maiden name Sarah White

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

16. (a) Informant I 404 Madison

(b) Address Demerol

17. (a) Demerol (b) Date thereof 7-8-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayette mo.

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

(b) Address 1800 Linwood Blvd

19. (a) 7-6-43 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. I 404 Madison  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th  
year 1943 hour 630 A minute 3 M.

21. I hereby certify that I attended the deceased from June 18 to July 6, 1943  
that I last saw him alive on July 5, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis

Due to 315

Other conditions arteriosclerosis  
(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)

(a) Means of injury \_\_\_\_\_

23. Signature J. E. Brown (M. D. or other) MD  
Address 832 Argyle Bldg Date signed 7/6/43

*W. E. Bennett*  
*118873*  
*Englewood*

**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.....

*Chaswick*

Licensed Embalmer No. *2644*

P. O. Address. *1800 Linwood*

**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.**