S. No. 2
DM—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

F 37195

State File No.

FILED NOV 19 1943

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 4533

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: K. C. General Hospital No. 10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 25 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 98

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 1719 Broadway
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Carl Cason

3. (b) If veteran, name war None

3. (c) Social Security No. 492-14-3456

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife Kitty Cason

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

7. Birth date of deceased May (Month) 30 (Day) 1882 (Year)

8. AGE: Years 61 60 | Months 4 | Days 23 | If less than one day hr. min.

9. Birthplace Lewis County (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Barber. Unemployed

11. Industry or business

FATHER
12. Name James Lewis Cason
13. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Almira Neal McPheeter
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mary J. Talbott

(b) Address 1719 Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 26 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director Mrs C L Foster

(b) Address 918 Brooklyn

19. (a) 10-26-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature) Dep.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23rd year 1943 hour 7 minute 45 A. M.

21. I hereby certify that I attended the deceased from Oct. 16th, 1943, to Oct. 23rd, 1943; that I last saw him alive on Oct. 23rd, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion | Duration

Due to

Due to

Other conditions
(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Emery R. Thorn (M. D. or other)

Address Med. Dir. Gen'l Hosp. Date signed 10-23-43

(Licensed Embalmer's Statement on Reverse Side)

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 25 70

P. O. Address KC 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.