

FILED APR 10 1946

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1405

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 2008 Cleveland
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community life _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 2008 Cleveland
(If rural, give location)

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

3. (a) PRINT FULL NAME CELESTINE CASEY

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex FE 5. Color or race W

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

6. (b) Name of husband or wife NONE

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased APRIL 2 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 23
year 1946 hour 2 minute 40 a.m.

21. I hereby certify that I attended the deceased from March 19
1946, to March 23 1946
that I last saw her alive on March 22 1946
and that death occurred on the date and hour stated above.

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

Years	Months	Days	hr.	min.
<u>75</u>	<u>11</u>	<u>21</u>		

Immediate cause of death Broncho Pneumonia

Due to Myocardial failure Weeks

Due to Severe Arteriosclerosis years

Other conditions Rheumatoid Arthritis
(Include pregnancy within 3 months of death)

9. Birthplace ST. LOUIS Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

PHYSICIAN

Major findings: _____
Of operations 107
Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business SELF

MOTHER FATHER

12. Name NO INFORMATION

13. Birthplace NO INFORMATION
(City, town, or county) (State or foreign country)

14. Maiden name NO INFORMATION

15. Birthplace NO INFORMATION
(City, town, or county) (State or foreign country)

16. (a) Informant CHRISTINE JUDSON

(b) Address 2008 CLEVELAND

17. (a) BURIAL (b) Date thereof 3-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

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

(b) Address 916 Brooklyn

19. (a) 3-25-46 (b) Theraldine Holmes
(Date received local registrar) (Registrar's signature)

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 yes (Specify type of place) (e) Means of injury _____

23. Signature Wm C. L. Foster (M. D. or other) _____
Address Kansas City, Mo Date signed 3/23/46

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

Dr. Goodson
730 Prof. Bell
4/4 3/11 3/11

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.....

Joe B. Yoder

Licensed Embalmer No. 4173

P. O. Address K.C. 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.