

FILED JUN 10 1946

Registration District No. 279

Primary Registration District No. 5-988

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town RURAL Elm Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
WORTHINGTON MO /
(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 TIME years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam MO
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SARAH FRANCIS CASADY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife JOHN WESLEY CASADY 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased FEBRUARY - 23 - 1865 (Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days 8 If less than one day hr. _____ min. _____

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

10. Usual occupation AT HOME

11. Industry or business

12. Name JAMES SAMUEL GILLUM
13. Birthplace VIRGINIA (City, town, or county) (State or foreign country)
14. Maiden name LAWRA BAIRD
15. Birthplace Putnam County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Victor Cassidy (b) Address Worthington Mo.

17. (a) BURIAL (b) Date thereof MAY - 3 - 1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: ROSE CEMETERY

18. (a) Signature of funeral director: Comstock Funeral Home

(b) Address Unionville, Mo. By J. W. Comstock

19. (a) May 30, 1946 (b) Marshall Durbin (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 1st year 1946 hour 3 minute 00 p.M.

21. I hereby certify that I attended the deceased from April 80 1946 to May 1 - 1946 that I last saw her alive on April 30 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart (Thrombosis)
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

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: P. V. Hart (M. D. or other) Address: Coatsville Mo. Date signed _____

WRITE PLAINLY--USE UNFADING INK--MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 6-46-1087

Date Filed JUN 6 1946

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

James W Comstock

Licensed Embalmer No. 4197

P. O. Address Unionville, 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.