

No. 2
2-45
17-39
X47070

FILED DEC 4 1946
1946

State File No.

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 1000

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: 5711 Paseo /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX
Life (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. 5711 Paseo
(If rural, give location)

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

3. (a) PRINT FULL NAME HENRY CASPER

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Ma 5. Color or race Wh

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

6. (b) Name of husband or wife MARY L. Casper

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

7. Birth date of deceased February 22 1860
(Month) (Day) (Year)

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

86 8 24 hr. min.

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

10. Usual occupation Retired Merchant

11. Industry or business XX

MOTHER FATHER { 12. Name Adam Casper

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

14. Maiden name No Record

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

16. (a) Informant Marie Casper

(b) Address 5711 Paseo

17. (a) Burial (b) Date thereof 11-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director J. W. Wagner

(b) Address Kansas City, Mo.

19. (a) 11-18-46 (b) Thalidine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16
year 1946 hour 5: minute 55 P. M.

21. I hereby certify that I attended the deceased from Nov '46
2, 1946, to Nov 16, 1946
that I last saw him alive on 11-11-46, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized arteriosclerosis, arteriosclerotic heart disease
Due to Left Hemiplegia due to Cerebral Thrombosis 3 weeks

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 93

Of operations _____

Of autopsy _____

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)

(c) Means of injury _____

23. Signature Thalidine Holmes (M. D. or other) _____

Address Forest Hill Date signed 11-18-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

11-1145
copy

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 Alvin R. Hamschell

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.