

S. No. 2
OM-2-43
v. 5-17-39
X35697

37978

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 11 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 291

Primary Registration District No. 5988

Registrar's No. 84

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

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town Worthington ELm
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(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 Putnam 86

(c) City or town Worthington 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

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

3. (a) PRINT FULL NAME Lavana Gertrude Casady

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Ora Casady

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased March 30 1874
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18
year 1946 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 17 46 to Nov 18 46
that I last saw him alive on Nov 18 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration 3 hours

8. AGE: Years 72 Months 7 Days 18 If less than one day
hr. _____ min. _____

Due to _____

Due to _____

9. Birthplace Putnam Co. MO. (City, town, or county) (State or foreign country) U

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

10. Usual occupation homework

Major Findings: Of operations ✓

MOTHER FATHER

11. Industry or business _____

12. Name Aruben Hodges

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

14. Maiden name Frances Collins

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

Of autopsy ✓

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Angie Waldon
(b) Address Worthington Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence ✓

17. (a) Burial (b) Date thereof 11-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lone Pipe Cem.

(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? _____

18. (a) Signature of funeral director Husted & Son
(b) Address Unionville, Mo.

While at work? _____ (Specify type of place) (e) Means of injury _____

19. (a) 11-29-46 (b) Marcell Durbin
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. P. of other) _____
Address Worthington Mo. Date signed 11-29-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 1
District File Number 12-46-227
Date Filed DEC. 10-1946

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.....

Kenneth Slavers..... Registered Apprentice No. *418*
working under my personal supervision.

Signed..... *J. O. Husted*

Licensed Embalmer No. *2975*

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.