. S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 1 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12207

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 54

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: State Hospital #3 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr 5 months (Specify whether In this community 1 year 5 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon 108

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

(d) Street No. ✓ (If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME FRANK CASS

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pearl Cass 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jany (Month) 22 (Day) 1881 (Year)

8. AGE: Years 66 Months 2 Days 0 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Lewis Cass
13. Birthplace Ind (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Agnes Ballinger
15. Birthplace Switzerland (City, town, or county) (State or foreign country)

16. (a) Informant Hospital record
(b) Address Nevada Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation Lamar, Mo

18. (a) Signature of funeral director Gibson Funeral Home
(b) Address 1201 Bdwy Lamar, Mo

19. (a) March 27-47 (Date received local registrar) (b) Kathryn Nancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 year 1947 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from 1-17-1946, to 3-22-1947 that I last saw him alive on March 21, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Bronchial

Due to ✓

Due to ✓

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

Major findings: Of operations ✓

Of autopsy ✓

107

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

23. Signature R G Hall M.D. (M.D. or other)
Address Nevada Mo Date signed 3-22-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 71
District File Number 2-47-297
Date Filed 3-24-47

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 .....

Licensed Embalmer No. 4157

P. O. Address Perry, 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, above space should be left blank.