S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 21 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16446

Registration District No. 27 Primary Registration District No. 5096 Registrar's No. 40

1. PLACE OF DEATH:

(a) County Bates Pleasant Gap TWP
(b) City or town Butler Mo RFD # 6 Rural
(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 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Butler RFD #6 Pleasant Gap Twp.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Flora Amanda Cassity

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

4. Sex female
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 4th 1862
(Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 21 If less than one day hr. min.

9. Birthplace Elkhart Indiana
(City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business

FATHER
12. Name Beach
13. Birthplace No Record
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Cassity
(b) Address RFD #6 Butler Missouri
17. (a) Burial (b) Date thereof 4/27/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oakhill Cemetery
18. (a) Signature of funeral director Culver Underwood
(b) Address Butler Missouri
19. (a) 4-27-47 (b) Kendall Kerry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th
year 1947 hour # 3 minute P M.

21. I hereby certify that I attended the deceased from June 1, 1946, to April 25, 1947
that I last saw her alive on March 20, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Asthma	
Due to	
Due to Chronic Myocarditis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Carlos W. Luler (M. D. or other) MD
Address Butler Mo Date signed 4/29/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 4-47-605
Date Filed 5-20-47

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 Kenneth H. Rock, Registered Apprentice No. 471, working under my personal supervision.

Signed John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Missouri

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.