FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 3 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11539

Primary Registration District No. 1000

Registrar's No. 491

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1607 So. 9th st.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 1607 So. 9th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Oliver Eugene Casselman
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Ida Amanda Casselman
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: August (Month) 30 (Day) 1860 (Year)

8. AGE: Years 87 Months 7 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace: Three Rivers (City, town, or county) Michigan (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: Horse Trainer

MOTHER FATHER
12. Name: William G. Casselman
13. Birthplace: Unknown (City, town, or county) New York (State or foreign country)
14. Maiden name: Matilda Lease
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Mrs. Geo. A. Rowbotham
(b) Address: St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/29/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park
18. (a) Signature of funeral director: Heaton-Bowman
(b) Address: St. Joseph, Mo.
19. (a) 5-1-48 (Date received local registrar) (b) E. E. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1948 hour 2 minute 42 A.M.

21. I hereby certify that I attended the deceased from Feb. 21. 1948, 19..., to April 26 1948, 19...; that I last saw him alive on April 26, 1948, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Larnyx	8mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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: W. R. Bridenstine (M.D. or other) D.O.
Address: St. Joseph, Mo. Date signed 4/28/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St. Joseph, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.