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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **26192**

FILED SEP 4 1948

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **3509**

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

1. PLACE OF DEATH:

(a) County **JACKSON**

(b) City or town **KANSAS CITY**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**ST. JOSEPH'S HOSPITAL** **0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7 DAYS**  
(Specify whether)

In this community **60 YEARS**  
(years, months or days)

3. (a) PRINT FULL NAME **BLANCHE CASEY**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **NONE**

4. Sex **FEMALE**

5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **13** years

7. Birth date of deceased **JANUARY 13 1878**  
(Month) (Day) (Year)

8. AGE: Years **70** Months **7** Days **13**  
If less than one day hr. min.

9. Birthplace **MEXICO** **MISSOURI** **0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED--FORMERLY OWNER**

11. Industry or business **THE CATHOLIC REGISTER.**

MOTHER FATHER { 12. Name **THOMAS J. CASEY**

13. Birthplace **ALTON ILLINOIS**  
(City, town, or county) (State or foreign country)

14. Maiden name **ELIZABETH JOHNSTON**

15. Birthplace **HANNIBAL MISSOURI** **0**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MISS MARGUERITE CASEY**

(b) Address **NEW YORK, NEW YORK**

17. (a) **BURIAL** (b) Date thereof **8-28-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT. ST. MARY'S CEMETERY**

18. (a) Signature of funeral director **J. F. [Signature]**

(b) Address **3256 [Address]**

19. (a) **8-27-48** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON** **48**

(c) City or town **KANSAS CITY** **3**  
(If outside city or town limits, write "RURAL") **8**

(d) Street No. **203 WEST 34th, STREET** **0**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUGUST** day **26th**,  
year **1948** hour **3** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **August 19**, 19**48** to **August 26**, 19**48**  
that I last saw her alive on **Aug. 26**, 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Is Infarction, myocardium** **8 days**  
Duration

Due to **Coronary artery sclerosis** **?**

Due to

Other conditions **Encephalomalacia, small** **8 days**  
(Include pregnancy within 3 months of death)

Major findings: **g40**

Of operations

Of autopsy **Above, plus general arteriosclerosis**

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?

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

23. Signature **T. Reid Jones** (M. D. or other) **M.D.**  
Address **1107 Bryan St** Date signed **8-27-48**

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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 Paul G. Rowe  
Licensed Embalmer No. 2349  
P. O. Address K. C. 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.**