

Registration District No. 135

Primary Registration District No. 3010

Registrar's No. 107

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Cassette, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 76 yrs years, months or days

3. (a) PRINT FULL NAME One Herndon Painter

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

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm R. Painter 6. (c) Age of husband or wife if alive 7 years
7. Birth date of deceased 9 5 1865 (Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____
12. Name Osceola Herndon

13. Birthplace Yardland Co Va (City, town, or county) (State or foreign country)

14. Maiden name Joseph Amanda Day
15. Birthplace Yardland Va (City, town, or county) (State or foreign country)

16. (a) Informant W R Painter
(b) Address Cassette Mo

17. (a) Burial (b) Date thereof 10-27-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Will - Marshall
(b) Address Cassette Mo Milton Standley

19. (a) 10-25/41 (b) Wm Haskins (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Cassette (If outside city or town limits, write "RURAL")
(d) Street No. 608 N Main (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 25 year 1941 hour 5:30 am minute _____ M.

21. I hereby certify that I attended the deceased from 8-3-41 1941 to 10-25 1941
that I last saw her alive on 10-25 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis with Cardiac impairment and Hypertrophic Liver. Duration ?

Due to _____

Due to _____

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

Major findings: 131a 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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature William G. Alwood (M. D. or other) 0
Address Cassette, Mo Date signed 10/25/41

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

RECEIVED
District Health Officer No. 8,
District File Number
11-5-41
to Filed

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 myself

Registered Apprentice No. _____

working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton

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

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

SUPPLEMENTARY