

FILED MAR 12 1947

Registration District No. 387

Primary Registration District No. 4516

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Sullivan  
(b) City or town Milam  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County SULLIVAN  
(c) City or town MILAM  
(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 ALFRED THOMPSON CASSITY

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

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ANNA MAE CASSITY 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased 08-18-72  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 4 21 hr. \_\_\_\_\_ min.

9. Birthplace SULLIVAN COUNTY  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business Carpenter

12. Name ALONZO M. CASSITY

13. Birthplace Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name SARAH ANNE SWIGGART

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

16. (a) Informant BERNARD LEWIS

(b) Address NEWTOWN - MO

17. (a) BURIAL (b) Date thereof MAR 1 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAKWOOD - MILAM

18. (a) Signature of funeral director [Signature]

(b) Address Milam, Mo

19. (a) March 4 - 1947 (b) Mrs. H. B. Harris  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 27  
year 1947 hour 10 minute 50 P.M.

21. I hereby certify that I attended the deceased from July 22 1946 to Feb. 27 1947; that I last saw him alive on Feb. 27 1947; and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis  
Heart disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

Of autopsy [Signature]

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 J. S. Montgomery (M. D. or other) \_\_\_\_\_

Address Milam, Mo Date signed 3-1-47

Duration

4 years  
of course

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED  
Health Officer No. 10  
MAR 11 1947

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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 *Samuel C. Haggan*.....

Licensed Embalmer No. *3792*.....

P. O. Address *Milan, 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.**