DEPARTMENT OF COMMENCE FIED MAR 18, 18, 19, 19 PHEND MAR 18, 18, 19 Primary Registration District to	ļ			
FILED MAR 12 1947 Registration District No. J. D. State File No. A. S. J. State No. J. S. State No. J. State No. J. State No. J. State No. J. S. State No. J. State No.	_	DEPARTMENT OF COMMERCE STATE BOARD OF H	EALTH OF MISSOURI	_
Primary Registration District No. 1. Place of post-II. 1. Place of post-III. (a) Country. Sall A. S. (b) Country. Sall A. S. (c) Country. Sall		I SIANUARU I FRIU	FICATE OF DEATH State Rile No. 755	1
1. PLACE OF PRATH (a) County July (b) County July (c) Clivy or form. (c) Clivy or form. (d) County July (d) Clivy or form. (d) Clivy or form. (f) County July (f) Clivy or form. (f) Cliv or form. (f			11 1-1/-	
(a) Country Cover (Coverable tity or twen limits, write and name of township) (b) City or twom. (Coverable tity or twen limits, write area number or location) (c) Clay or twom. (Coverable tity or twen limits, write area number or location) (d) Country Office of institution. (Specify whether it is community) (d) Clay of town. (Coverable tity or twen limits, write area number or location) (d) Clay or town. (Coverable tity or twen limits, write area number or location) (d) Clay or town. (Coverable tity or twen limits, write area number or location) (d) Clay or town. (Coverable tity or twen limits, write area number or location) (d) Cliver or town. (Coverable tity or twen limits, write area with a coverable or institution. (Specify whether it is coverable town.) (d) Cliver or town. (Coverable tity or twen limits, write area with a country) (d) Street No. (Cliver or town. (Coverable tity or twen limits, write area whether it is country) (d) Street No. (Cliver or town. (Coverable tity) (d) Street No. (Cliver or twen limits, write area whether it is country) (d) Street No. (Cliver or town. (Coverable tity) (d) Street No. (Cliver or town. (Cliver or No) (d) Street No. (Cliver or twen limits, write area whether it is country) (d) Street No. (Cliver or twen limits, write area whether it is country) (d) Place or the country or twenter or twenter or location) (d) Place or twenter, write area whether or location) (d) Place or twenter, write area whether or location) (d) Place or twenter, write area with or twenter) (d) Address with a coverable or twenter) (d) Address with a coverab	Ì	Registration District No. JO! Primary Registration Dist	trict No. 7 0 / 2 Registrar's No.	
3. (a) Social Security No. Social Security No. 6. (a) Single, widowed, married, divorced MANA/E 6. (b) Name of husband or wife A. See MALE Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive Trace W. See Trace		1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
3. (a) Social Security No. Social Security No. 6. (a) Single, widowed, married, divorced MANA/E 6. (b) Name of husband or wife A. See MALE Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive Trace W. See Trace	59	(a) County Sullivan	(a) 500 AA A	/60
3. (a) Social Security No. Social Security No. 6. (a) Single, widowed, married, divorced MANA/E 6. (b) Name of husband or wife A. See MALE Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive Trace W. See Trace	, e	(b) City or town Milan		UNN,
3. (a) Social Security No. Social Security No. 6. (a) Single, widowed, married, divorced MANA/E 6. (b) Name of husband or wife A. See MALE Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive Trace W. See Trace	. 29	(If outside city or town limits, write "BURAL" and name of township) (c) Name of hospital or institution:	(c) City or town	
3. (a) Social Security No. Social Security No. 6. (a) Single, widowed, married, divorced MANA/E 6. (b) Name of husband or wife A. See MALE Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive Trace W. See Trace	໌ ≊		II *	^(**) Ø
3. (a) Social Security No. Social Security No. 6. (a) Single, widowed, married, divorced MANA/E 6. (b) Name of husband or wife A. See MALE Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive Trace W. See Trace	, <u>È</u>	1		
3. (a) Social Security No. Social Security No. 6. (a) Single, widowed, married, divorced MANA/E 6. (b) Name of husband or wife A. See MALE Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive Trace W. See Trace		(d) Length of stay: In hospital or institution	(e) Citizen of foreign country?	(Ven or No)
3. (a) Social Security No. Social Security No. 6. (a) Single, widowed, married, divorced MANA/E 6. (b) Name of husband or wife A. See MALE Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive Trace W. See Trace	[_(1es 01 140)
3. (a) Social Security No. Social Security No. 6. (a) Single, widowed, married, divorced MANA/E 6. (b) Name of husband or wife A. See MALE Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive Trace W. See Trace	8			***************************************
3. (a) Social Security No. Social Security No. 6. (a) Single, widowed, married, divorced MANA/E 6. (b) Name of husband or wife A. See MALE Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive A. See Male Trace W. divorced MANA/E 6. (c) Age of husband or wife in alive Trace W. See Trace	핕	3. (a) PRINT ALFRED THOMPS ON CASSITU	H	
No. See Male See M	₹			
Immediate cause of death American County Immediate cause of death Immediate cause Immediate cause Immediate cause Immediate cause Immediate cause Immediate	8		year 1947 hour 10 minute 3	50 PM.
The conditions of the condit	A.F	name war	21: I hereby certify that I attended the deceased from	• • • • • • • • • • • • • • • • • • • •
The conditions of the condit	ξ		July 22 1946 6 Feb. 27	1947.:
The conditions of the condit	×	4. Sex MALE race W divorced MANAPILL	that Tlast aw here alive on Ful.	
The conditions of the condit	Z.	6. (b) Name of husband or wife	and that death occurred on the date and hour stated above.	
8. AGE: Years Months Days If less than one day 74 4 2	¥		1) //	1
8. AGE: Years Months Days If less than one day 74 4 2	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Heart delege	1
8. AGE: Years Months Days If less than one day 74 4 2	붎	(Month) (Day) (Year)		or every,
10. Usual occupation A Formula Condition Condi		8. AGE: Years Months Days If less than one day	Due to	
10. Usual occupation A Formula Condition Condi	Ž	74 4 21		_
10. Usual occupation A Formula Condition Condi	9	[nomparators and the control of the	Due to	
10. Usual occupation A Formula Condition Condi	Ę	9. Birthplace SUDILLAN COUNTY		
11. Industry or business Canfunction	5	Card nown, as country,	Other conditions Heliesteuckian	717 144-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
11. Industry or business CANFACO M. CASSITUM 12. Name ALANZO M. CASSITUM 13. Birthplace. LOW A (City, town, or county) (State or foreign country) 14. Maiden name. SARAH SWIN SWINGSAR 15. Birthplace. (City, town, or county) (State or foreign country) 16. (a) Informant SEXIAH LEWIS (b) Address MEATOWN MO (City, town, or county) (State or foreign country) (c) Place: burial or cremation. or removal) (Month) (Day) (Year) (c) Place: burial or cremation Office (Month) (Day) (Year) (b) Address 19. (a) March 4-1947 (b) MAA A CANA (Begitzer's signature) (Casty or burial or cremation of the country) (Registrer's signature) (Country) (Registrer's signature) (Country) (Registrer's signature) (Country) (Month) (Mon	<u>≅</u>		(Include pregnancy withings months of death)	
12. Name A and A a	Ÿ	11. Industry or business Carpeller		PHYSICIAN
(c) Where did injury occur? (d) Date thereof MAR / 1947 (Eity or town) (County) (State) (County) (County) (State) (A) Did injury occur in or about home, on farm, in industrial place, in public place? (b) Address (Specify type of place) (c) Means of injury (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place? (e) Means of injury (f) Means of injury (g) Means of injury		12. Name ALONZO M. CASS 1/4	Of operations.	
(c) Where did injury occur? (d) Date thereof MAR / 1947 (Eity or town) (County) (State) (County) (County) (State) (A) Did injury occur in or about home, on farm, in industrial place, in public place? (b) Address (Specify type of place) (c) Means of injury (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place? (e) Means of injury (f) Means of injury (g) Means of injury	7	13 Rirrholace Jow A	A A A	. the cause to
(c) Where did injury occur? (d) Date thereof MAR / 1947 (Eity or town) (County) (State) (County) (County) (State) (A) Did injury occur in or about home, on farm, in industrial place, in public place? (b) Address (Specify type of place) (c) Means of injury (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place? (e) Means of injury (f) Means of injury (g) Means of injury	Y I	(City, town, or county) (State or foreign country)	Of autopsy	
(c) Where did injury occur? (d) Date thereof MAR / 1947 (Eity or town) (County) (State) (County) (County) (State) (A) Did injury occur in or about home, on farm, in industrial place, in public place? (b) Address (Specify type of place) (c) Means of injury (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place? (e) Means of injury (f) Means of injury (g) Means of injury	7	(E)		charged sta-
(c) Where did injury occur? (d) Date thereof MAR / 1947 (Eity or town) (County) (State) (County) (County) (State) (A) Did injury occur in or about home, on farm, in industrial place, in public place? (b) Address (Specify type of place) (c) Means of injury (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place? (e) Means of injury (f) Means of injury (g) Means of injury	널		22. If death was due to external causes, fill in the following:	
(c) Where did injury occur? (d) Date thereof MAR / 1947 (Elty or town) (County) (State) (County) (State) (County) (State) (Did injury occur in or about home, on farm, in industrial place, in public place? (Elty or town) (County) (State) (Did injury occur in or about home, on farm, in industrial place, in public place? (Elty or town) (County) (State) (Did injury occur in or about home, on farm, in industrial place, in public place? (Elty or town) (County) (State) (Elty or town) (County) (State) (Did injury occur in or about home, on farm, in industrial place, in public place? (Elty or town) (County) (State) (Elty or town) (County) (State) (M) Did injury occur in or about home, on farm, in industrial place, in public place? (Elty or town) (County) (State) (Industrial place) (Specify type of place) (Elty or town) (County) (State) (Industrial place) (Specify type of place) (Elty or town) (County) (State) (Industrial place) (Specify type of place) (Industrial place) (Specify type of place) (Industrial place) (Specify type of place) (Industrial place) (Industrial place) (Industrial place) (Industrial place) (Industrial place) (Industrial place) (Industrial place) (Industrial place) (Industr			(a) Accident, suicide, or homicide (specify)	
17. (a) Bulling (b) Date thereof Mar / 1945 (Borial, cremation, or removal) (City or town) (County) (State) (County) (State) (C) Place: burial or cremation Data (Month) (Day) (Year) (b) Address (C) Place: burial director (Spacify type of place) (C) Means of injury (W	1000 TACALLA		
(c) Place: burial or cremation 18. (a) Signature of funeral director (b) Address 19. (a) March 4-1947 (b) Mrs. 17 B. Harris (Begistrer's departure) (Begistrer's departure) (C) Place: burial or cremation (Specify type of place) (c) Means of injury (d) Means of injury 23. Signature 1. S. Multiposults (M. D. or other) (Date signed 2-1547				*********
(c) Place: burial or cremation 18. (a) Signature of funeral director (b) Address 19. (a) March 4-1947 (b) Mrs. 17 B. Harris (Begistrer's dignature) (Begistrer's dignature) (C) Place: burial or cremation (Specify type of place) (c) Means of injury (d) Means of injury 23. Signature 1. S. Multiposults (M. D. or other) (Date signed 2-1547		(Burial, cremation, or removal) (Month) (Day) (Year)	(City or town) (County)	(State)
18. (a) Signature of funeral director (Specify type of place) (b) Address (c) Means of injury. 19. (a) March 4-1947 (b) Mrs. 1473, Harris (Registrer's dignature) (Date received local registrer) (Registrer's dignature) (Registrer's dignature) (Registrer's dignature)	}	(c) Place: burial or cremation OAKWOOD - MI) AN	177 See ingress sector in or about nome, on tarm, in industrial place, in	hunne braces
(b) Address Miles (M. D. crother) 19. (a) March 4-1947 (b) Mrs. 17 13. Harris (Registrer's signature) 23' Signature J. S. Marthy (M. D. crother) (Date received local registrer) Address Miles Miles Date signed 3-1547	•		(Specify type of place)	0
19. (a) March 4-1947 (b) Mrs. 17 3. Harris 23. Signature 1. 3. Mulau Mal Date signed 3-1547	1	711-0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(Date received local registrer) (Registrer's signature) , Address Maxau Dute signed 7	- 1	24	23. Signature 12 J. Well goully (M. D. or	other)
(Licensed Embalmar's Statement on Reverse Side)			Address / Mulau JMal Date signe	43-1557
		入 (注 心 (Licensed Embalmer's Sta	stement on Reverse Side)	

MAR 1 1 1947

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.

Licensed Embalmer No. 3 2 9 2

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.