

FILED FEB 4 1947

Registration District No. 186

Primary Registration District No. 3026

State File No. \_\_\_\_\_

Registrar's No. 433

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Independence  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Independence Sanitarium  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 days  
 In this community 55 years  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME FREDERICK BENJAMIN CASSITY

3. (b) If veteran, name war None  
 3. (c) Social Security No. 95-10-5027

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Anna Loretta Cassity  
 6. (c) Age of husband or wife if alive 60 years  
 7. Birth date of deceased June 6th 1883  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 16 14 hr. min.

9. Birthplace Rockville, Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Plumber

11. Industry or business Ed Lockman Plumbing Co.

12. Name Alexander Cassity

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

14. Maiden name Tennessee Magers

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

16. (a) Informant Mrs. Anna L. Cassity

(b) Address 530 Arlington, Kansas City, Mo.

17. (a) burial (b) Date thereof 12-23-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Missouri

19. (a) 1-30-47 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 530 Arlington  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20th  
 year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_

21. I hereby certify that I attended the deceased from 12/17/46  
 \_\_\_\_\_, 19\_\_\_\_, to 12/19, 19\_\_\_\_  
 that I last saw him alive on 12/19  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis  
 Duration 3 days

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

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

Other conditions: \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 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 \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Kansas City - 3 - Mo Date signed 12/21/46

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

2  
43  
7-39  
K38671

FEB 4 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, ~~by~~.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed R. A. Lisle  
Licensed Embalmer No. 4123  
P. O. Address Independence, 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.