

S. No. 300
M-10-47
7-5-17-39
I 3905

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

32824
4309

State File No.

Registrar's No.

FILED NOV 6 1948/49
Registration District No.

Primary Registration District No. 1002

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:
Roanoke Nursing Home, 3660 Summit 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 months
(Specify whether years, months or days)

In this community 18 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 3735 Walnut
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Julia Huston Cassity

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22nd.
year 1948 hour 7 minute A. M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William S. Cassity

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

7. Birth date of deceased January 25th. 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1948, 19... to Oct 22 1948
that I last saw him alive on Oct 22 1948
and that death occurred on the date and hour stated above. 1948 Duration

Immediate cause of death Chronic Myocarditis 5 yrs

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>8</u>	<u>27</u>	hr. min.

Due to arterio-sclerosis 5 yrs

Due to Hypertension 5 yrs

Other conditions no
(Include pregnancy within 3 months of death)

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

10. Usual occupation At Home

11. Industry or business _____

12. Name John J. Huston

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

14. Maiden name Namoi Evelyn Nash

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

Major findings: Of operations no 930

Of autopsy no

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant William H. Cassity

(b) Address 3735 Walnut

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 10-25-48
(Month) (Day) (Year)

(c) Place: burial or cremation Eldorado Springs, Mo.

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 10-23-48 (Date received local registrar)

(b) St. Thaddeus Holmes (Registrar's 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? no (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 Cassbolt

23. Signature M. B. Cassbolt
Address 4000 Bellvue, N. City, Mo.

NOV 11 1948

4000 Baltimore

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 Willis W. Bennett

Licensed Embalmer No. 4438

P. O. Address. F. 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.