

5. No. 2  
1-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12825**  
Registrar's No. **360**

**FILED MAY 9 1946**

Registration District No. **28** Primary Registration District No. **2000**

**1. PLACE OF DEATH:**  
 (a) County **Greene**  
 (b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**427 W. Grand (residence)** /  
(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 **Missouri** (b) County **Greene** **39**  
 (c) City or town **Springfield** **2**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **427 W. Grand** **6**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **0**  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Wm. HARRISON CASSITY**  
 3. (b) If veteran, name war **UNK.** 3. (c) Social Security No. **UNK.**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **4** - **25** day  
 year **1946** hour **9:00** minute **0** M.  
**21. I hereby certify that I attended the deceased from**  
**4-14-1946 to 4-26-1946**  
 that I last saw him alive on **4-14-1946**  
 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
 6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **XX** years  
 7. Birth date of deceased **September 9, 1887**  
(Month) (Day) (Year)

Immediate cause of death  
**Angina Pectoris**  
**(Heart Attack)**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<b>58</b>	<b>7</b>	<b>17</b>	hr. _____ min. <b>0</b>

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace **Springfield, Missouri**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **INVALID**

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

**11. Industry or business**  
**12. Name** **George W. Cassity**  
**13. Birthplace** **UNK.** **UNK.**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Madorah (UNK.)**  
**15. Birthplace** **Mt. Vernon, Missouri**  
(City, town, or county) (State or foreign country)

**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?  
(Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

**16. (a) Informant** **Arthur Wyman**  
 (b) Address **731 Kickapoo, S.P.E.D., Mo.**  
**17. (a) Burial** (b) Date thereof **4-29-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Hazelwood**  
**18. (a) Signature of funeral director** **Alma Lohmeyer Funeral Home**  
 (b) Address **534 St. Louis St., Springfield, Mo.**  
**19. (a) 4-29-46** (b) **W. S. Hagedorn**  
(Date received local registrar) (Registrar's signature)

**23. Signature** **W. Kelly** (M. D. \_\_\_\_\_)  
 Address **Springfield, Mo.** Date signed **4-27-46**

11730  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Frank Grable

Licensed Embalmer No. 4140

P. O. Address Springfield, 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.**

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