U. S. No. 2
0M—S-42
Rev. 5-17-39
I X32873

39
2
6

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 8 1948
Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2030

State File No. 41372
Registrar's No. 1123

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: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Hours (Specify whether years, months or days)
In this community ✓ 9 hrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DALLAS 30
(c) City or town Red Top RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 9
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME William Haywood Cassity

3. (b) If veteran, name war

3. (c) Social Security No. 499-09-6096

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Maude Cassity

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Nov (Month) 8 (Day) 1888 (Year)

8. AGE: Years 59 | Months 2 | Days 17 | If less than one day ___ hr. ___ min.

9. Birthplace Dallas County (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Merchant

11. Industry or business Merchant

MOTHER FATHER

12. Name T. A Cassity

13. Birthplace Kentucky (City, town, or county) (State or foreign country) 1

14. Maiden name Mary Bynum

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

16. (a) Informant Maud Cassity

(b) Address Red Top Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29 47 (Month) (Day) (Year)

(c) Place: burial or cremation Red Top

18. (a) Signature of funeral director L B Johns

(b) Address Buffalo Mo.

19. (a) 12-29-47 (Date received local registrar) (b) W E Hendley MD (Registrar's signature) 11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
year 47 hour 1 minute 40 A.M.

21. I hereby certify that I attended the deceased from 12-8 1947 to 12-25 1947;
that I last saw him alive on 12-24 1947;
and that death occurred on the date and hour stated above.

Cause	Duration
Immediate cause of death: Congestive heart disease, acute	3 days
Due to: Mitral heart disease	Several yrs.
Due to: ? Rheumatic fever	
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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Bruce Livingston Jr. (M. D. ~~coroner~~)
Address Springfield Mo. Date signed 12-25-47

(Licensed Embalmer's Statement on Reverse Side)

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 Mario B. Jones

Licensed Embalmer No. 4322

P. O. Address Buffalo 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.