

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

9565  
 Do not use this space.

APR 23 1938

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 399  
 (b) Township Rew Primary Registration District No. 1002 Registered No. 1030  
 (c) City Kansas City, Mo. (d) Street No. 3746 Wyandotte St.  
 (If death occurred in Hospital Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

WILLIAM SUMMERS CASSITY 230  
 (a) Residence, No. 3746 Wyandotte St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Cassity  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17 1854  
 7. AGE YEARS 83 MONTHS 5 DAYS 19 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Merchant  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bath Co Ky.

FATHER 13. NAME George Cassity

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER 15. MAIDEN NAME Lucinda Ellington

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Julia Cassity 3642 Wyandotte

18. BURIAL, CREMATION, OR REMOVAL PLACE El Dorado Spgs DATE 3/6 1938

19. FUNERAL DIRECTOR (ADDRESS) Naples Funeral Home El Dorado Spgs Mo.

20. FILED March 6 1938 M. Th. Cronin Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1938, to March 6, 1938.  
 I last saw him alive on March 5, 1938. Death is said to have occurred on the date stated above, at 12:55 P.M.  
 The principal cause of death and related causes of importance were as follows:

Inanition following Carcinoma Stomach  
 Date of onset 3/1  
 Other contributory causes of importance: Anemia  
 Name of operation none Date of no  
 What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify Clyde O. Donaldson, M. D.  
 (Signed) Clyde O. Donaldson, M. D.  
 (Address) 430 Shukat Bldg Kansas City Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**