

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

21473
 Do not use this space.

REC'D JUL 19 1938

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104
 (b) Township Primary Registration District No. 3008 Registered No. 159
 (c) City Fulton (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. 18 (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Willis Cassil

(a) Residence, No. Lopus, Missouri 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna B. Ader

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21, 1864

7. AGE YEARS 73 MONTHS 6 DAYS 29 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)

FATHER 13. NAME P. W. Cassil

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

MOTHER 15. MAIDEN NAME Louisa Purtee

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

17. INFORMANT Hospital Records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Jamestown Mo DATE 6/21 1938

19. FUNERAL DIRECTOR (NAME) Wm Lullrich & Sons (ADDRESS) Jamestown Mo

20. FILED June 22, 1938 R. N. Crewe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1938 to June 20, 1938

I last saw him alive on June 20, 1938. Death is said to have occurred on the date stated above, at 2:55 P. M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 2/18/38

Other contributory causes of importance: Generalized arteriosclerosis with hypertension D. K.

Name of operation Date of
 What test confirmed diagnosis? 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
 (Signed) Jas. R. Mulkey, M. D.
Jas. R. Mulkey
 (Address) Fulton, 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 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.....

H. E. Friedmeyer

Licensed Embalmer No. *2854*

P. O. Address *California 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, above space should be left blank.