

No. 2  
1-4-41  
-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILLED JUL 11 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 21967

X26390

Registration District No. 431

Primary Registration District No. 3023

Registrar's No. 77

1. PLACE OF DEATH: Johnson.  
 (a) County: Johnson.  
 (b) City or town: Warrensburg.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Warrensburg Clinic.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: 10 days  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: MO. (b) County: Johnson 51  
 (c) City or town: Warrensburg. 2  
 (If outside city or town limits, write "RURAL") 2  
 (d) Street No. (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country

3. (a) PRINTED FULL NAME: EDWIN WALLACE CASSINGHAM.

3. (b) If veteran, name war: no  
 3. (c) Social Security No.: none

4. Sex: Male ( )  
 5. Color or race: White  
 6. (a) Single, widowed, married, divorced: widowed  
 6. (b) Name of husband or wife: no  
 6. (c) Age of husband or wife if alive: no years  
 7. Birth date of deceased: Sept. 15, 1861.  
 (Month) (Day) (Year)

8. AGE: Years 79, Months 8, Days 22  
 If less than one day hr. min.

9. Birthplace: Gardener / ILL.  
 (City, town, or county) (State or foreign country)

10. Usual occupation: Merchant  
 11. Industry or business: Machinery

MOTHER { 12. Name: Henry Cassingham.  
 13. Birthplace: England.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name: Unknown  
 15. Birthplace: ( )  
 (City, town, or county) (State or foreign country)

16. (a) Informant: Chester Cassingham  
 (b) Address: Warrensburg, MO  
 17. (a) Burial (b) Date thereof: June 9, 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation: Sunset Hill Cem.

18. (a) Signature of funeral director: *Sumner Phillips*  
 (b) address: Warrensburg, MO  
 19. (a) Date received local registrar: June 10-1941 (b) Registrar's signature: *Bertie Bentley*

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month: June day: 7  
 year: 1941 hour: 9 minute: 45 P. M.

21. I hereby certify that I attended the deceased from June 3, 1941 to June 7, 1941  
 that I last saw him alive on June 6, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death: *Carcinoma of stomach*  
 Duration: ?  
 Due to: *fb*  
 Due to: *fb*  
 Other conditions (include pregnancy within 3 months of death)

Major findings: *Strangulated umbilical hernia*  
 Of operations: *hernia*  
 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? \_\_\_\_\_ (Specify type of place)  
 Means of injury: \_\_\_\_\_  
 23. Signature: *P. Lee Cooper* (M. D. or other) \_\_\_\_\_  
 Address: *Warrensburg, Mo* Date signed: *6-9-41*

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 7-9-41

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.....

R. A. Phillips, Registered Apprentice No. ....  
working under my personal supervision.

Signed R. A. Phillips

Licensed Embalmer No. 2320

P. O. Address Warrensburg

**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.**