

FILED MAY 7 1943

Registration District No. 316

Primary Registration District No. 3059

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bonne Terre Hospital
(If not in hospital or institution, write street number or locality)
(d) Length of stay: In hospital or institution one day
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Deer Run
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FREDRICK HENRY KASSABAUM

3. (b) If veteran, name war _____ 3. (c) Social Security No. 498-10-4317

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married divorced married
6. (b) Name of husband or wife Nellie Kassabaum 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased December 22, 1891
(Month) (Day) (Year)

8. AGE: Years 51 Months 3 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Medison, Co., Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer (highway)

11. Industry or business _____

MOTHER FATHER
12. Name Henry A. Kassabaum
13. Birthplace Medison, Co., Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mamie Smith
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Nellie Kassabaum
(b) Address Deer Run, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Masonic Co., Deer Run, Mo.

18. (a) Signature of funeral director Miller Funeral Home
(b) Address Farmington, Mo.

19. (a) April 4, 1943 (Date received local registrar) (b) Bondie Buhmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1943 hour 1 minute 50 P. M.

21. I hereby certify that I attended the deceased from Feb 1, 1943 to March 31, 1943
that I last saw him alive on 3-31, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hoagkins disease
Duration unk

Due to _____
Due to _____

Other conditions see anemia
(Include pregnancy within 3 months of death)
Major findings hypertension, glomerular nephritis, gastric ulcer, cerebral syphilis
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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature H.P. Koehler (M. D. or other) _____
Address Deer Run Date signed 4-2-43

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

RECEIVED

District Health Officer No. 4
District File Number 543-2150
Date Filed 5-5-43

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 *Bert J. Miller*.....

Licensed Embalmer No. 3752

P. O. Address *Framington, Md*

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.