

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 7 1948
Registration District No. 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42785
Registrar's No. 414

Primary Registration District No. 6068

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Rural, Big River Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R-1 Bond Lane Mo!
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(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 Rural
(If outside city or town limits write "RURAL")
(d) Street No. Route 1 Big River Twp.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME IDA ANN CASH
3. (b) If veteran, ✓ name war.....
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 15th
year 1947 hour 9 minute 5 M.
21. I hereby certify that I attended the deceased from Dec 12
1947 to Dec 15 1947
that I last saw her alive on Dec 15 1947
and that death occurred on the date and hour stated above.
Immediate cause of death asthma +
sequella

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Cash
6. (c) Age of husband or wife if alive ✓ years 37
7. Birth date of deceased Nov 27 1868
(Month) (Day) (Year)

Duration
Due to Longtime asthma
and
old heart trouble
Other conditions none
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
79 0 18 br. min.

9. Birthplace Big River Missouri
(City, town or county) (State or foreign country)
10. Usual occupation Retired

MOTHER FATHER
11. Industry or business.....
12. Name James Bowen
13. Birthplace Unknown
(City, town or county) (State or foreign country)
14. Maiden name Elizabeth Carter
15. Birthplace Unknown
(City, town or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
Underline the cause of which death should be charged statistically.

16. (a) Informant Otto Cash
(b) Address R-1 Bond Lane Mo!
17. (a) Burial (b) Date thereof 12-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Adams Cemetery
18. (a) Signature of funeral director Benjamin F. and Co
(b) Address 313 Benton Bond Lane Mo
19. (a) 12-20-47 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature) 1947

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..... Means of injury.....
23. Signature B. A. H. [unclear] (M. D. or other) DO
Address [unclear] Date signed 12/15/47

RECEIVED

District Health Officer No. 4
District File Number 148-19
Date Filed 1-6-48

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

Ben Counts

Registered Apprentice No. 95

working under my personal supervision.

Signed

Clarence J. Playwell

Licensed Embalmer No. 3706

P. O. Address Boone Iowa 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.