

No. 2
4-12-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED SEP 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29470

State File No. _____

Registration District No. 794

Primary Registration District No. 6037A

Registrar's No. 23

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

1. PLACE OF DEATH:

(a) County Seline

(b) City or town Rural, Cambridge
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 24 yrs 5 mo. 25 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Seline

(c) City or town Rural near Glasgow
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Joseph Frederick Castro

3. (b) If veteran name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Aug. day 25
year 1941 hour 8 minute 04 A.M.

21. I hereby certify that I attended the deceased from 8-1-1941 to 8-25-1941
that I last saw him alive on 8-25-1941
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of hair White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Mertenmeyer alive 71 years

7. Birth date of deceased Jan. 28 1865
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis

8. AGE: Years 76 Months 6 Days 27 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Conrad Castro

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Bernardine Foester

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Hugo Castro

(b) Address William Ave

17. (a) Rural (b) Date thereof Aug. 28, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Glasgow Mo

18. (a) Signature of funeral director W. B. Kitchner

(b) Address Glasgow Mo

19. (a) 8-26-41 (b) Ella Alexander
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature W. B. Kitchner M.D. (M.D. or other) _____

Address Raymond Ave Date signed 8-26-41

JAN 20 1949

RECEIVED
District Health Officer No. 8,
District File Number
9-11-47
Filed

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 *Edw. Freeman*
Licensed Embalmer No. *3978*
P. O. Address *Glasgow 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.