

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

26779A
Do not use this space.

FILED FEB 20 1946

1. PLACE OF DEATH

(a) County Webster Registration District No. 373
 (b) Township High Prairie Primary Registration District No. 6369 Registered No. 10
 (c) City 802ARK (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred life yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Alma Frances Casteel
 (a) Residence, No. _____ Webster County St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Will E. Casteel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or min.
62 8 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. Home
 10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Co., Mo.

FATHER 13. NAME Charles P. Davis

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

MOTHER 15. MAIDEN NAME Martha Ruth Yates

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

17. INFORMANT (ADDRESS) Will Casteel
Marshfield, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Good Hope DATE July 13, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rex Rimes
Marshfield, Missouri

20. FILED 21 19 46 J. J. McKinney
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 1933 to July 1938

I last saw her alive on March 15, 1939. Death is said

to have occurred on the date stated above, at 10:45 a.m.

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

Cancer of mouth

Other contributory causes of importance:

Name of operation Dr. Paul F. Cole Date of _____
 What test confirmed diagnosis? Springfield Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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) C. P. Macdonnell, M. D.

(Address) Marshfield, 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.

WITH REGARDING THIS IS A PERMANENT RECORD

THESE THREE CERTIFICATES WERE FOUND AMONG SOME OLD PAPERS THAT BELONGED JOINTLY TO DR. C. R. MACDONNELL AND DR. JOHN R. BRUCE. THE HARTMAN CASE WAS ATTENDED BY DR. BRUCE, NOW DEAD, AND CAUSE OF DEATH IS FROM MY OWN KNOWLEDGE.

J. G. MCKINNEY

REGISTRAR

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, X

Rex Rainey, or by X

Registered Apprentice No. X, working under my personal supervision.

Signed.....

Licensed Embalmer No. 3312

P. O. Address Marshallfield, 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.