

No. 2  
-10-39  
7-39  
X214

**OCT 12 1940**  
Registration District No. **163**

Primary Registration District No. **4095**

Registrar's No. **43**

**1. PLACE OF DEATH:**

(a) County Cedar  
(b) City or town El Dorado Spgs  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
500 M Grand  
(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

3. (a) PRINT FULL NAME WILLIAM M. CASTLEMAN  
William M. Castleman

3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_  
8. (c) Social Security No. 4072

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JAN - 3 - 1867  
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Miller Co. MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Benjamin F. Castleman

13. Birthplace Miller Co. Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Minerva Hopkins

15. Birthplace Miller Co. Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Castleman  
(b) Address 500 North Grand

17. (a) Burial (b) Date thereof 9 6 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Charles F. ...  
(b) Address 206 S Main

19. (a) 9-7-1940 (b) J. Dawson  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Cedar  
(c) City or town El Dorado Spgs  
(If outside city or town limits, write "RURAL")  
(d) Street No. 500 M Grand  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

25. DATE OF DEATH: Month Sept day 4  
year 1940 hour 8 minute 10 pm

21. I hereby certify that I attended the deceased from Aug 11 30th, 1940, to Sep 4, 1940;  
that I last saw him alive on Sep 4, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

Due to \_\_\_\_\_  
Due to 10/11/40

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? 154

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 3

23. Signature C. H. ... (M. D. or other) D.O.  
Address El Dorado Spgs. Mo Date signed 9-7-40

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline (the cause to which death should be charged statistically).

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



**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 George W. Mafus  
Licensed Embalmer No. 2752  
P. O. Address El Dorado Spgs

**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.**