

Registration District No. 508

Primary Registration District No. 3026

Registrar's No. 49

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

1. PLACE OF DEATH:

(a) County Springston

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

(c) Name of hospital or institution: 443 Wilson St.
(If not in hospital or institution, write street number or location)

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

In this community 32 yrs 1 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jessie B. Castle

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 18 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>0</u>	<u>26</u>	<u>✓</u> hr. <u>✓</u> min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Martine Helladay

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

14. Maiden name Sarah Mathews

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

16. (a) Informant John Howard Castle

(b) Address Chillicothe, Mo.

17. (a) Burial (b) Date thereof 3/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springston, Mo.

18. (a) Signature of funeral director James D. Gordon

(b) Address Chillicothe, Mo.

19. (a) 3-15-41 (b) Wm. H. Wallace, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Springston

(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")

(d) Street No. 443 Wilson
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1941 hour 5 minute 29 A. M.

21. I hereby certify that I attended the deceased from April 1
1941 to March 14 1941;
that I last saw her alive on March 13 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Wentworth ulcer 2 wks.

Due to Psychom. mania 1 yr.

Due to depression 7

Other conditions 153
(include pregnancy within 3 months of death)

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? 9 11 25

(e) Means of injury _____
(Specify type of place)

23. Signature W. H. Wallace, M.D. (M. D. or other) 11
Address Chillicothe, Mo. Date signed 3/15/41

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.....

Ronald Gordon

Licensed Embalmer No. *4191*

P. O. Address... *Chillicothe 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.