S. No. 2
—1-4-41
5-17-39
P1 X25390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. Bishop 29076

Registration District No. 668 Primary Registration District No. ~~3032~~ 5898 Registrar's No. 253

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia Tp. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Highway 65, Longwood Twp. 9 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Lawerene E. Casto
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, divorced: Widower
6. (b) Name of husband or wife: Lillie Casto
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Jan. (Month) 26 (Day) 1908 (Year)
8. AGE: Years 33 Months 6 Days 12 If less than one day ..... hr. ..... min.
9. Birthplace: Benton Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business .....
FATHER
12. Name: Ewert Casto
13. Birthplace: Benton Co. (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name: Anna Schnackberg
15. Birthplace: Benton Co. (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Miss Bertha Cheland
(b) Address: Sedalia Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-11-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Union Cem.
18. (a) Signature of funeral director: McLaughlin
(b) Address: Sedalia
19. (a) Aug 11, 1941 (Date received by local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8 year 1941 hour 11 P. minute ..... P. M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19..... that I last saw him alive on ..... 19..... and that death occurred on the date and hour stated above.

Immediate cause of death: Injuries received in auto mobile accident
Due to: Skull fracture
Due to: Fired object
Other conditions (Include pregnancy within 3 months of death): .....
Major findings: Of operations: 170 C
Of autopsy: 27

Duration

PHYSICIAN — 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): Accident
(b) Date of occurrence: July 8 1941
(c) Where did injury occur? Highway (City or town) Pettis (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 65 North of Sedalia (Specify type of place)
While at work? No (e) Means of injury: Automobile
23. Signature: M. J. Bishop (M. D. or other)
Address: Sedalia Mo Date signed 8-9-41

(Licensed Embalmer's Statement on Reverse Side)

906

SEP 29 1941

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-10-41

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 D. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.