

FILED 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

1. PLACE OF DEATH:

- (a) County Seline
(b) City or town Rural, Cambridge
(c) Name of hospital or institution: /
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.

In this community 24 yrs 5 mo. 23 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Joseph Frederick Castro

3. (b) If veteran name war.

3. (c) Social Security No.

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

6. (b) Name of husband or wife Mary Mertenmeyer 6. (c) Age of husband or wife if alive 28 7/11 years

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

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

9. Birthplace Westphalia 0 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 Hoester

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

16. (a) Informant Hugo Castro

(b) Address William Ave

17. (a) Burial (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 Kitchen

(b) Address Glasgow Mo

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

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.

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from 1-1-1941 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.

Immediate cause of death Coronary thrombosis

Due to 94A

Due to 94A

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?

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

23. Signature W B Kitchen M.D. (M.D. or other)
Address Rayman Mo Date signed 8-26-41

JAN 20 1949

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