No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11355

State File No.

Registration District No. 553

Primary Registration District No. 5753 4329

Registrar's No. 1

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

65
0
0

1. PLACE OF DEATH:

(a) County Mercer County

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

(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO 1 (Specify whether

In this community all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer

(c) City or town Rural Ravanna Twp
(If outside city or town limits, write "RURAL")

(d) Street No. ✓ 065
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Reuben E. Caster

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Lizzie Caster

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Oct. 17, 1870
(Month) (Day) (Year)

8. AGE: Years 71 | Months 2 | Days 15 | If less than one day ___ hr. ___ min.

9. Birthplace Iowa 1
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name Willaim Caster 1
13. Birthplace Indianna
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Jonson
15. Birthplace Indianna 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lizzie Caster
(b) Address Lucerene, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 4, 1942
(Month) (Day) (Year)
(c) Place: burial or cremation Ravanna, Mo.

18. (a) Signature of funeral director Noel Moss
(b) Address Princeton Mo

19. (a) 1-5-42 (Date received local registrar) (b) Jessie Alley (Registrar's signature)

1117

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jany day 2nd year 1942 hour 1 minute 30 P M.

21. I hereby certify that I attended the deceased from 1/2-42, 19__, to 1/2-42, 19__; that I last saw him alive on 1/2 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	1 hour
Due to Interstitial nephritis	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 131a
Of autopsy none

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)
(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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature J M Perry (M. D. or other) MD
Address Princeton Mo Date signed 1/3-42

(Licensed Embalmer's Statement on Reverse Side)

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 ME

....., Registered Apprentice No.....

working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 2634

P. O. Address Princeton Me

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.