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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10099

State File No. .....

FILED APR 8 1943

Registration District No. .....

Primary Registration District No. 4166

Registrar's No. 100

1. PLACE OF DEATH:

(a) County: DeKalb

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

(c) Name of hospital or institution: /
(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: DeKalb 3 0

(c) City or town: Weatherby 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: John Dale Castor

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: Male 0

5. Color or race: W

6. (a) Single, widowed, married, divorced: 0 Single

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

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

7. Birth date of deceased: June (Month) 14 (Day) 1922 (Year)

8. AGE: Years 20 | Months 8 | Days 20 | If less than one day ..... hr. ..... min.

9. Birthplace: Weatherby (City, town, or county) 0 Mo (State or foreign country)

10. Usual occupation: At home

11. Industry or business .....

FATHER
12. Name: Cleo D. Castor
13. Birthplace: Weatherby (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name: Gladys Poage
15. Birthplace: Gallatin (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant: Cleo D. Castor
(b) Address: Weatherby Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-15-43 (Month) (Day) (Year)
(c) Place: burial: Shambaugh-Cope, Weatherby Mo

18. (a) Signature of funeral director: Pilcher Funeral Home
(b) Address: Maysville Mo

19. (a) 3-19-43 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th year 1943 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 10 - 1943, to March 12 1943 that I last saw him alive on March 10 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis - Influenza (7 days)

Due to .....

Due to .....

Other conditions: Progressive Muscular Atrophy 12 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration: Probably several months

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 .....

23. Signature: Fred K. Wilson (M. D. ~~another~~)

Address: Winston Mo. Date signed: 3-15-43

1248

(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 .....

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

working under my personal supervision.

Signed Cecil T. Pilcher

Licensed Embalmer No. 3960

P. O. Address Maysville 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.