

S. No. 2
-11-10-39
5-17-39
FILED

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21856

Registrar's No. 67

Registration District No. 178

Primary Registration District No. 4281

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Canton
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Entire life
years, months or days

8. (a) PRINT FULL NAME Susan J. Kaster
3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Nathan Paul Kaster 6. (c) Age of husband or wife if alive five years
7. Birth date of deceased Mar. 6 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 3 19 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Joseph Little
13. Birthplace Mo. 1
(City, town, or county) (State or foreign country)
14. Maiden name Ella Jackson
15. Birthplace Mo. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Ma Ernest Kaster
(b) Address Canton, Mo.

17. (a) Burial (b) Date thereof June 27 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Canton, Mo.

18. (a) Signature of funeral director W. H. Barkley
(b) Address Canton, Mo.

19. (a) July 1, 1943 (b) P. W. Jennings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town Canton
(If outside city or town limits write "RURAL")
(d) Street No. 712 W. White St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1943 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 10 1940
to June 25 1943
that I last saw her alive on June 25 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration

Due to Diabetes Mellitus

Due to

Other conditions (Includes pregnancy within 3 months of death)

Major findings: Of operations 61
Of autopsy

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?

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

23. Signature Addie Galt Porter or other W. O.
Address Canton Mo. Date signed June 27 1943

987 (Licensed Embalmer's Statement on Reverse Side)

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

56
1
0

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

Earl H. Buckley

Licensed Embalmer No. *2615*

P. O. Address *Centon, 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, above space should be left blank.