

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
 Registrar's No. **3134**

**LED AUG 6 1943**  
 Registration District No. **749**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:  
 (a) County **Jackson**  
 (b) City or town **Kansas City**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**General Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **imo 21 days**  
 (Specify whether  
 In this community **12 years,**  
 years, months or days)

3. (a) PRINT FULL NAME **William Caster**  
 3. (b) If veteran, name war **no.**  
 3. (c) Social Security No. **no.**

4. Sex **Male** 5. Color of race **White**  
 6. (a) Single, widowed, married, divorced, **widowed**  
 6. (b) Name of husband or wife **Unknown**  
 6. (c) Age of husband or wife if alive **X** years  
 7. Birth date of deceased **August 16 1854**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**88 10 30 29** hr. min.

9. Birthplace **Missouri**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **X**

MOTHER FATHER  
 12. Name **Joseph Caster,**  
 13. Birthplace **Ohio,**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Fannie Wayne**  
 15. Birthplace **Tennessee**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Venie Logsdon,**  
 (b) Address **3425 East 9th St., Kansas City, Mo**

17. (a) **Removal** (b) Date thereof **7-16-43**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Albany, Missouri,**

18. (a) Signature of funeral director **Stine & McClure,**  
 (b) Address **3235 Gillham Plaza, Kansas City, Mo.**

19. (a) **7-16-43** (b) **T. E. Brown**  
 (Date received local registrar) (Registrar's signature)  
**Def.**

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Kansas City**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **3223 E. 32nd**  
 (If rural, give location)  
 (e) Citizen of foreign country? **no.** (Yes or No)  
 If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **15**  
 year **1943** hour **12** minute **NOON** M.

21. I hereby certify that I attended the deceased from  
**May 25 43** to **July 15 1943**  
 that I last saw h. **im** alive on **July 15 1943**  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
**Obstructive jaundice**  
 Due to **Z**  
 Due to **12764**  
 Other conditions (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 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 **Dr. J. H. Jones** (M. D. or other) \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

---

---

**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..... *J. Blair Sheppard* .....  
Licensed Embalmer No..... *41719* .....  
P. O. Address..... *K. E. Ind.* .....

**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.**