

FILED DEC 17 1943
Registration District No. **25**

Primary Registration District No. **4478**

Registrar's No. **91**

1. PLACE OF DEATH:
(a) County **Schuyler**
(b) City or town **Lancaster**
(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.
In this community _____
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Schuyler**
(c) City or town **Lancaster**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **William Jasper Casteel**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **6th**
year **1943** hour **3** minute **30 A.M.**
21. I hereby certify that I attended the deceased from **Nov**
1943 to **Nov 3** 19**43**
that I last saw him alive on **Nov 3** 19**43**
and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Dec. 12 1952**
(Month) (Day) (Year)

Immediate cause of death **Myocardial Degeneration**

8. AGE: Years Months Days If less than one day
90 **10** **24** hr. min.

Due to **Old Age**

9. Birthplace **Clay Co. Tennessee**
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation **Retired Farmer**

Other conditions (Include pregnancy within 3 months of death) **93d**

11. Industry or business _____

PHYSICIAN _____

12. Name **Joseph Casteel**

Major findings: Of operations _____

13. Birthplace **Clay Co. Tennessee**
(City, town, or county) (State or foreign country)

Of autopsy _____

14. Maiden name **Mary Ann White**

15. Birthplace **Clay Co. Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna Henson**

(b) Address **Lancaster, Mo.**

17. (a) **Burial** (b) Date thereof **11-7-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **F.O.O. Cemetery**

18. (a) Signature of funeral director **P. P. Denton**

(b) Address **Lancaster, Mo.**

19. (a) **Nov 7, 1943** (b) **A. A. Justice**
(Date received local registrar) (Registrar's signature)

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)
Means of injury _____
23. Signature **P. E. Vaughn** (M. D. or other) **D.O.**
Address **Lancaster, Mo.** Date signed **11/6/43**

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

MOTHER FATHER

1218

RECEIVED

District Health Officer No. 10

District File Number 12-83-2019

Date Filed DEC 15 1943

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

P. O. Gention

, Registered Apprentice No. 3705

working under my personal supervision.

Signed

P. O. Gention

Licensed Embalmer No. 3705

P. O. Address Canaster, Ma.

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.