

FILED DEC 9 1944

Registration District No.

Primary Registration District No. 1002

Registrar's No. 4773

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:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days
(Specify whether years, months or days)

In this community 7 years
(Specify whether years, months or days)

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. 309 Garfield
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) No
If yes, name country _____

3. (a) PRINT FULL NAME Robert M. Castello

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year 1944 hour 11 minute 50 A.M.

3. (b) If veteran, name war V NO 3. (c) Social Security No. none

21. I hereby certify that I attended the deceased from Nov. 8, 1944, to Nov. 22, 1944, and that death occurred on the date and hour stated above. Immediate cause of death Encephalomalacia Duration _____

4. Sex Male 5. Color or 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 _____ years

7. Birth date of deceased April 27, 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 26 5 hr. _____ min.

9. Birthplace 4 Ireland
(City, town, or county) (State or foreign country)

10. Usual Occupation Seaman

11. Country or business _____

12. Name Michael Castello

13. Birthplace 4 Ireland
(City, town, or county) (State or foreign country)

14. Usual Occupation name Seaman

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

16. (a) Informant Anna Castello

(b) Address 420 So. Duress

17. (a) burial (b) Date thereof 11/27/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cem

18. (a) Signature of funeral director Edmond

(b) Address 2315

19. (a) 11-27-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

Other conditions (include pregnancy within 3 months of death) 83 C

Major findings: Of operations _____

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? _____ (Specify type of place) _____

23. Signature A. E. Upsher (M. D. or other) MO
Address Med. Dir. Gen'l Hosp. Date signed 11-24-44

October 1968

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.....

Ray E. Snow

Licensed Embalmer No. *2560*

P. O. Address..... *K E M*

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo.
County of Jackson

State File No. 36687-46

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 4773

On this 10th day of Mar, 1945, before me appears Anna Combe, who, upon her oath, states that the original record of death for Robert M. Castello died Nov. 22, 1944 in the State of Missouri, and which was filed at Kansas City on 11-27, 1944, should be corrected as follows:

Item No. 3(a) should read Robert M. Castello

Instead of Robert Castello

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Anna Combe
Relationship.

420 So. Drew
Present Address.

Subscribed and sworn to before me this 10th day of March, 1945

My Commission expires May 1, 1946
Notary Public Gladys Guockenbush

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1944
S-36667

