

S. No. 2
OM-2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 15 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1947**
Registrar's No. **37 37**

Registration District No. **2**

Primary Registration District No. **5013**

1. PLACE OF DEATH:

(a) County **Andrew**

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

(c) Name of hospital or institution:
4 Miles N.E. of St. Joseph
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community **64 Years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **2**

(c) City or town **Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **4 Miles N.E. of St. Joseph**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Clara Angenetta Castle**

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

7. Birth date of deceased **September 1 1866**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	4	15	hr. _____ min.

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

10. Usual occupation **None**

11. Industry or business **None**

12. Name **Geo Smelcer**

13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **Fred Castle**

(b) Address **R.F.D. #3 St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **Jan. 18, 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairview Cemetery**

18. (a) Signature of funeral director **Norman W. J. Deerpader**

(b) Address **1802 Union St. St. Joseph, Mo.**

19. (a) **18-46** (b) **William Spork**
(Data of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **16**
year **1946** hour **9** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **12/4**, 19**45** to **1/16**, 19**46**
that I last saw her alive on **1/11**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Fracture of r. hip**
fract of l. radius
Due to **fall on porch**
glass

Due to _____

Other conditions: **Arterio-sclerosis**
(Include pregnancy within 3 months of death)

Major findings: **Cerebral hemorrhage**
Of operations: **Fracture of r. hip**
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) **Accident**

(b) Date of occurrence **12/4/45**

(c) Where did injury occur? **4 mi E of York Andrew, Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on porch of her home
(Specify type of fire)

While at work? **Yes** (e) Means of injury **Fall**

23. Signature **E. T. Bloomer** (M. D. or other) **M.D.**
Address **1218 N. 3rd St.** Date signed **1/17/46**

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

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DISTRICT HEALTH OFFICE
Cameron, Mo.

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

Herman W. Sidenfaden

Licensed Embalmer No.

2728

P. O. Address

St. Joseph, 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.