S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27980

Registration District No. 275 Primary Registration District No. 5942 Registrar's No. 119

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Hi. Way 66 East of Rolla
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community Enroute to Texas (Ambulance)

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County Taylor 999

(c) City or town Abilene 41
(If outside city or town limits, write "RURAL")

(d) Street No. 2510 South 7th St., 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 2

If yes, name country ____

3. (a) PRINT FULL NAME Robert George Castles

3. (b) If veteran, name war X

3. (c) Social Security No. 452-10-1970

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maurine Castles

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased January 25, 1903 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
43	6	11	____ hr. ____ min.

9. Birthplace Baird Texas (City, town, or county) (State or foreign country) 1

10. Usual occupation Sales Representative

11. Industry or business W&K Wholesale Distributers

FATHER
12. Name John A. Castles
13. Birthplace Anson (City, town, or county) Texas (State or foreign country) 1

MOTHER
14. Maiden name Alice Meyers
15. Birthplace Belle County (City, town, or county) Texas (State or foreign country) 1

16. (a) Informant Mrs. Maurine Castles
(b) Address 2510 South 7th, Abilene Tex,

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-6-46 (Month) (Day) (Year)
(c) Place: burial or cremation Abilene Texas

18. (a) Signature of funeral director Laughter Und. Co.,
(b) Address Abilene Texas

19. (a) Aug. 6, 1946 (Date received local registrar) (b) Mrs. Juanita Harvey (Registrar's signature)

252

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6 year 1946 hour 9 minute 40 A M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw him dead on August 6, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of The Stomach.	
Due to Ulcerated Stomach	3 yrs.
Due to ____	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ____	
Of autopsy None performed	

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? ✓ (e) Means of injury ✓ 3

23. Signature S. C. Null, Coroner (M. D. or other)

Address Rolla Mo Date signed 8-6-46

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3643

P. O. Address.....

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.