

Registration District No. \_\_\_\_\_

Primary Registration District No. **2000**

1. PLACE OF DEATH:

(a) County **GREENE**  
(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Springfield Baptist Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days) **24 hr**

3. (a) PRINT FULL NAME **RANDA KAY CASTLEMAN**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **F** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Infant**

6. (b) Name of husband or wife **Infant** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Oct 31 1946**  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months **01** Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **Infant**

11. Industry or business **Infant**

MOTHER FATHER  
12. Name **Arthur Castleman**  
13. Birthplace **Ada Okla.**  
(City, town or county) (State or foreign country)  
14. Maiden name **Martha Pennington**  
15. Birthplace **Mt Vernon Mo.**  
(City, town or county) (State or foreign country)

16. (a) Informant **Mrs. Esthe Pennington**  
(b) Address **Mt Vernon Mo.**

17. (a) **Burial** (b) Date thereof **Nov 4 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **H.D. Jorrett**  
(b) Address **Mt Vernon Mo.**

19. (a) **11-6-46** (b) **W.S. Handy rd**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Greene**  
(c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Springfield Baptist Hospital**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **2** year **1946** hour **6** minute **15 AM**

21. I hereby certify that I attended the deceased from **Oct 31 1946** to **Nov 2 1946**  
that I last saw **her** alive on **Oct 31 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Birth Injury** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 9 months of death) **PA Holmes**

Major findings: Of operations \_\_\_\_\_

Of autopsy **160**

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 **0**

23. Signature **PA Holmes** (M. D. or other) \_\_\_\_\_

Address **Mt Vernon** Date signed **11-2-46**

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

**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 H D Fossett

Licensed Embalmer No. 2202

P. O. Address Wt Vernon 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.**