

Registration District No. 155 Primary Registration District No. 4244 Registrar's No. 9

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Castertown
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
426 N. KENTUCKY
 (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
 3. (a) PRINT FULL NAME Nancy Gold Fidler
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Child
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec 25, 1946
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 1 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business Child

MOTHER FATHER
 12. Name Leland Fidler
 13. Birthplace Ark.
 (City, town, or county) (State or foreign country)
 14. Maiden name Jay Wanner
 15. Birthplace Ark.
 (City, town, or county) (State or foreign country)

16. (a) Informant Leland Fidler

(b) Address Castertown, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27, 1946
 (Month) (Day) (Year)

(c) Place: burial or cremation Castertown Cem.

18. (a) Signature of funeral director Webb City, Mo.
 (b) Address Webb City, Mo.

19. (a) JAN 22, 1947 (Date received local registrar) (b) P. H. [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Castertown
 (If outside city or town limits, write "RURAL")
 (d) Street No. 426 N. Kentucky
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 26
 year 1946 hour 6:45 minute AM
 21. I hereby certify that I attended the deceased from Dec 25 - 1946
Dec 26 - 1946
 that I last saw him alive on Dec 25 - 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth (Dysmaturtion)
 Duration _____

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 159
 Of autopsy _____

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 _____
 23. Signature Dr. Howard (M. D. or other) 12/27/46
 Address Webb City, Mo. Date signed _____

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

46-12-1228

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.....

Harvey E. Orme
working under my personal supervision.

Registered Apprentice No. *412*

Signed *Blayton M. Johnston*

Licensed Embalmer No. *4304*

P. O. Address *Webb City, 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.