

No. 2
-8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4109**
Registrar's No. **82**

FILED MAR 10 1947
Registration District No. **3**

Primary Registration District No. **3007**

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

1. PLACE OF DEATH:
(a) County **Butler**
(b) City or town **Poplar Bluff**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Poplar Bluff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **10 days**
years, months or days

3. (a) PRINT FULL NAME **George Washington Casteel**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **none**

4. Sex **male**
5. Color or race **White**
6. (a) Single, widowed, married, divorced / **Married**
6. (b) Name of husband or wife **Maudie Casteel**
6. (c) Age of husband or wife if alive **57** years
7. Birth date of deceased **Mar. 10, 1859**
(Month) (Day) (Year)

8. AGE: Years **87** Months **11** Days **15**
If less than one day _____ hr. _____ min.

9. Birthplace **Knoxville Tenn**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Edmond Casteel**
13. Birthplace **unknown Tenn.**
(City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Geo. W. William**
(b) Address **Naylor, Mo.**

17. (a) **Burial** (b) Date thereof **2/26/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Naylor, Mo.**

18. (a) Signature of funeral director **Minnie Gish**
(b) Address **Naylor, Mo.**

19. (a) **2-27-47** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **25**
year **1947** hour **3** minute **35** a. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death: **Carcinoma descend-**
ing colon type unknown
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy **W/E**
Duration _____

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 **D**
23. Signature **[Signature]** (M. D. or other)
Address **Poplar Bluff Mo** Date signed **2/27/47**

RECEIVED
District Health Office No. 2
District File Number 347-306
Date Filed 3-4-47

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

Bryan McCord

Licensed Embalmer No.

42079

P. O. Address

Taylor 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.