S. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5770

State File No.

Registration District No. 277 Primary Registration District No. 5951 Registrar's No. 17

1. PLACE OF DEATH:

(a) County PIKE

(b) City or town ~~5 MILES~~ ~~INDIANOLA~~ VANDALIA (RURAL)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5 MILES EAST / VANDALIA MO.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community ~~56 YRS~~ 4 1/2 MONTHS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MARION 64

(c) City or town HANNIBAL MISSOURI 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1606 EAST GORDON 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME DORA CASTLE

3. (b) If veteran, name war ✓

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 ISAC CASTLE

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

7. Birth date of deceased JUNE (Month) 12 (Day) 1891 (Year)

8. AGE: Years 56 Months 8 Days 10 If less than one day hr. min.

9. Birthplace RALLS COUNTY MO (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business ~~WILLIAM CHRISTIAN LITER~~

FATHER
12. Name WILLIAM CHRISTIAN LITER
13. Birthplace RALLS COUNTY MO. O (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name EUNICE KRIGBAUM
15. Birthplace RALLS COUNTY MO O (City, town, or county) (State or foreign country)

16. (a) Informant JOHN MORRIS
(b) Address CURRYVILLE MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation FRANKFORD CEMETARY

18. (a) Signature of funeral director Glen E. Smith
(b) Address Vandalia, Mo.

19. (a) Feb 23 1948 (Date received local registrar) (b) Bill Robinson (Registrar's signature)

M. 4.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 22 year 1948 hour 7 minute 30 a.m.

21. I hereby certify that I attended the deceased from 10/10 1947 to 2/22 1948 that I last saw her alive on 2/22 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Metastatic carcoma of lungs, liver, intestines	3 months
Due to Primary carcoma of spinal cord in dorsal region	8 months
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

54 B

Major findings:
Of operations —

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? —
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? (Specify type of place) (e) Means of injury 0

23. Signature Thos. L. Sawyer, M.D. (M. D. or coroner)
Address Vandalia, Mo. Date signed 2/23/48

(Licensed Embalmer's Statement on Reverse Side)

Mail to
Bill Robinson L.R.
Bowling Green Mo.

RECEIVED
District Health Officer No. 1
District File Number 3-48-44
Date Filed MAR 6 1948

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 John F. Ellis, Registered Apprentice No. 494, working under my personal supervision.

Signed Clydell Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, 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.