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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8136**  
Registrar's No. **11**

Registration District No. **61** Primary Registration District No. **4107**

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

1. PLACE OF DEATH:

(a) County **Cedar**

(b) City or town **El Dorado Springs**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cedar**

(c) City or town **El Dorado Springs**  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME **John Franklin Castleman**

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 **Married**

6. (b) Name of husband or wife **Ethel Castleman**

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

7. Birth date of deceased **March 20 1869**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78	11	7	hr. min.
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9. Birthplace **Miller Co. Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Benjamin F. Castleman**

13. Birthplace **Mo. D.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Menerva Hoskins**

15. Birthplace **Mo. D.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ethel Castleman**

(b) Address **El Dorado Springs Mo.**

17. (a) **Buried** (b) Date thereof **2-29-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **City Cemetery, El Dorado Spg.**

18. (a) Signature of funeral director **William Carothers**

(b) Address **El Dorado Springs, Mo.**

19. (a) **2-29-48** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **27**  
year **1948** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Jan 1 1947 to Feb 27 1948**  
that I last saw him alive on **Feb 26 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Cerebral Hemorrhage**  
Due to **Arterio Sclerosis**

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

Other conditions (Include pregnancy within 3 months of death) **§ 37 A**

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

Of autopsy **no**

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 **L. T. Dunning** (M.D. or other) \_\_\_\_\_  
Address **El Dorado Spg Mo** Date signed **2/27/48**

RECEIVED

District Health Officer No. 7,

District File Number 2-48-277

Date Filed 3-23-48

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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.....

James E. Hackleman, Registered Apprentice No. 44  
working under my personal supervision.

Signed Floyd E. Carothers

Licensed Embalmer No. 4414

P.O. Address E. Dreads Spring

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.