

FILED MAY 18 1948
Registration District No. 2

Primary Registration District No. 1000

Registrar's No. 541

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
923 S.18th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no t.
(Specify whether
In this community 46 years.
years, months or days)

3. (a) PRINT FULL NAME Mary Elizabeth Caster
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Fowler M. Caster
6. (c) Age of husband or wife if alive 1866
7. Birth date of deceased June 3 1866
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 5
If less than one day
hr. min.

9. Birthplace Blueridge Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

12. Name Alfred C. Thomas

13. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Susan Smith

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mazel Erma Caster
(b) Address 923 S.18th St., St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11, 1948
(Month) (Day) (Year)

(c) Place: burial or cremation Aahland Cemetery

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) May 13, 1948 (Date received local registrar) (b) G. E. Jenkins (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 923 S.18th Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 8th
year 1948 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from April 29, 1948, to May 8, 1948;
that I last saw her alive on May 7, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death
Generalized Abdominal Carcinomatosis, type undetermined
Due to _____
Due to _____
Other conditions Arteriosclerosis 10 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations 55 E
Of autopsy _____
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 G. E. Jenkins (M. D. or other)
Address Kirkpatrick Bldg. Date signed 5-10-48
St. Joseph, Mo.

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 *Albert R. Harrington*.....

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.