

No. 2
-1/47
5-17-39

35895

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 22 1948

Registration District No. 86

Primary Registration District No. 4088

Registrar's No. 23-

1. PLACE OF DEATH:

(a) County Carter

(b) City or town Ellisnore J.T.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: own home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Carter

(c) City or town Ellisnore
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Maggie Glenn Casteel

3. (b) If veteran, name war no

3. (c) Social Security No. n

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11
year 1948 hour 7 minute 10 A.M.

4. Sex F

5. Color or race w

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jeff Casteel

6. (c) Age of husband or wife if alive 29 years
(Month) (Day) (Year)

7. Birth date of deceased Sept 29 1927
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 28, 1948 to Nov 11, 1948
that I last saw him alive on Nov 10, 1948
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>21</u>	<u>0</u>	<u>12</u>hr.....min

In the state cause of death Chronic Glomerulonephritis
Hypertension and
Capillary fragility
severe
early childhood

Due to hypertension and capillary fragility

Due to severe
early childhood

Other conditions:

9. Birthplace Reynolds Co. mo
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

PHYSICIAN

Major findings: -

Of operations:

Of autopsy: -

Underline the cause of which death should be charged statistically.

MOTHER FATHER:

11. Industry or business

12. Name Leander Harris

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

14. Maiden name Delly Brawley

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

16. (a) Informant Delly Harris

(b) Address Van Buren mo

17. (a) Burial (b) Date thereof 11-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grissem

18. (a) Signature of funeral director Leaton Pruitt

(b) Address Van Buren mo

19. Nov. 15 - 48 (Date received local registrar)
Mrs. Oleta Houser (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 1938

(c) Where did injury occur? Carter mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home on farm
While at work? yes (Specify type of place)
Means of injury fire

23. Signature W. H. Burton (M. D. number) 1
Toplar Bluff
Address Toplar Bluff Date signed 11-14-48

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

RECEIVED 11-20-48
District Health Officer No. 5,
District File Number 1148722
Date Filed 11-20-48

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

Seaton Pewitt

Licensed Embalmer No.

2287

P. O. Address

Van Buren 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.