

FEB 24 1940
Registration District No. **1250**

Primary Registration District No. **5985**

Registrar's No. **1666**

1. PLACE OF DEATH:

(a) County Ripley County Mo.

(b) City or town Oxley Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Daniphan Hosp. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 25 yrs
years, months or days

3. (a) PRINT FULL NAME MARTHA J. CASTOOL 234

3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex female **5. Color or race** white

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

6. (b) Name of husband or wife John Castool (deceased) **6. (c) Age of husband or wife if** 27 years

6. (d) Birth date of deceased June 27 1961
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>7</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Lawrence County Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name C.A. Webb

13. Birthplace 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 W.A. Pickett

(b) Address Daniphan Mo.

17. (a) Burial Burial **(b) Date thereof** Feb 19 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Venue Cent

18. (a) Signature of funeral director Blackman

(b) Address Daniphan Mo 14 E W Edwards

19. (a) Feb. 17 1940 **(b) C. B. Whitson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO **(b) County** Ripley

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

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

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16
year 1940 hour 12 minute 30 a.m.

21. I hereby certify that I attended the deceased from February 5, 1940 to February 16, 1940
that I last saw her alive on February 5, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic Nephritis

Due to Hypertension

Other conditions 131
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

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? _____

23. Signature De Williams **(M. D. or other)** !

Address Daniphan Mo **Date signed** _____

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

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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.....

Leslie D. Russell....., Registered Apprentice No.....
working under my personal supervision.

Signed *Leslie D. Russell*.....
Licensed Embalmer No. *3855*.....

P. O. Address *Daniphan*.....

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, above space should be left blank.