

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Rural - Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 yrs - 11 mos
In this community 31 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon
(c) City or town Sheldon
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Theodore Castelar

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Wreatha Short 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 8 1909
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 5 15 _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Andrew Castelar

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

14. Maiden name Martha

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

16. (a) Informant Records

(b) Address State Hospital #3, Nevada, Mo.

17. (a) Rural (b) Date thereof Feb 25 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bluff Cemetery

18. (a) Signature of funeral director G. B. Beery & Sons

(b) Address Sheldon, Mo.

19. (a) 2-25-41 (b) Allen V. Hays
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23
year 1941 hour 12:40 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 1
1941 to Feb. 23 1941
that I last saw him alive on Feb. 22 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 1 year

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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? NA

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Reed H. Potter (M. D. or other) DMD

Address Nevada, Mo. Date signed 3-23-41

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

58
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RECEIVED

District Health Officer No. 7,

District File Number 3-41-467

Date Filed 3-7-41

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 Carroll T. Beery

Licensed Embalmer No. 2385

P. O. Address Sheldon 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, above space should be left blank.