

FILED AUG 13 1942
Registration District No. 235

Primary Registration District No. 4155

State File No. _____
Registrar's No. 9

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

1. PLACE OF DEATH:

(a) County Davess
(b) City or town Winston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 9 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Davess
(c) City or town Winston
(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

3. (a) PRINT FULL NAME Edmund Arthur Castor

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month 7 day 21 year 42 hour 2 minute 30 P M.

21. I hereby certify that I attended the deceased from Aug 1933 to July 21 1942 that I last saw him alive on July 21 1942 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Castor 6. (c) Age of husband or wife if alive 69 years (Day) (Year)
7. Birth date of deceased (Month) 2 (Day) 1869 (Year)

Immediate cause of death circulatory failure 36 mo.

8. AGE: Years 73 Months 5 Days 19 If less than one day _____ hr. _____ min.

Due to Hypercleremia Several years
Due to cerebral hemorrhage 26 mo.

9. Birthplace Winston Davess Mo (City, town, or county) (State or foreign country)

Other conditions Diabetes mellitus Several years (Include pregnancy within 3 months of death)

10. Usual occupation Retired Clerk

Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name James Castor
13. Birthplace Davess Co. Mo (City, town, or county) (State or foreign country)
14. Maiden name Sophia Burger
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Minnie Castor
(b) Address Winston, Mo.
17. (a) Winston (b) Date thereof 7-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation Burial

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? _____

18. (a) Signature of funeral director Mrs. Kate Shoup
(b) Address Winston Mo
19. (a) 7-22-1942 (b) A. O. Schuman (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Frank W. Wilson (M. D. or other) MD
Address Winston Mo Date signed 7/23/42

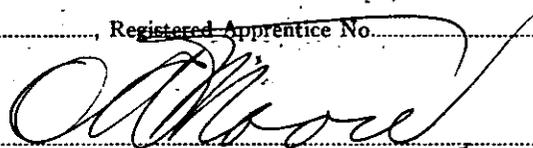
STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No.

1180

P. O. Address

Cameron, N.C.

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.