

FILED FEB 14 1944

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

1. PLACE OF DEATH:

(a) County DeKalb

(b) City or town Rural, Polk-Twn
(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 years, months or days)

In this community 65 Yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DeKalb

(c) City or town King City Mo. R.R.
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Castella Jane Post.

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex Female 5. Color or race Cau

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

6. (b) Name of husband or wife George Post.

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 22, 1858
(Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Work.

11. Industry or business _____

12. Name Thomas Stockton.

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

14. Maiden name Eunice Simmons.

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

16. (a) Informant Otto Post

(b) Address Union Star Mo.

17. (a) Burial. (b) Date thereof 1.11.1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Futler Cemetary.

18. (a) Signature of funeral director R. G. Taggart

(b) Address King City Mo.

19. (a) 1-17-44 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8
year 1944 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from Nov 30
1943 to Dec 18 1943
that I last saw h. ER alive on Dec 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza

Due to ##

Due to _____

Other conditions Hypostatic Pneumonia
(Include pregnancy within 6 months of death)

Major findings: Of operations _____

Of autopsy 330

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? _____

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

23. Signature J. J. Becke-Barnett (M. D. or other) DO
Address King City, Mo Date signed 1/8/44

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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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed R. G. Taggart
Licensed Embalmer No. 2563.

P. O. Address King City 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.