

FILED MAY 31 1944

Registration District No.

Primary Registration District No. 1000

Registrar's No. 540

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Ruth Saxton Nursing Home 2421 Francis
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 years 1 mo.
(Specify whether years, months or days)
 In this community 45 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan //
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 2521 Felix
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME LYDIA CASTLE
 (b) If veteran, name war none
 (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 22
 year 1944 hour 10 minute P M.

4. Sex female 5. Color or race White
 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife E. S. Castle
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Dec. 15 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
Nov. 1 1943 to May 22 1944
 that I last saw h. or alive on May 22 1944
 and that death occurred on the date and hour stated above.
 Immediate cause of death Cerebral
 Duration 2 mos

8. AGE: Years Months Days If less than one day
79 5 7 hr. min.

Due to
 Due to

9. Birthplace Colorado
(City, town, or county) (State or foreign country)
 10. Usual occupation at home

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations g30!
 Of autopsy

11. Industry or business
 12. Name Major Brown
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. J. C. Espy
 (b) Address Rawlins, Wyo.

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?

17. (a) burial (b) Date thereof 5/26/44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bowen Cemetery

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

18. (a) Signature of funeral director Walter Beale & Bowman
 (b) Address 319 South 10th

23. Signature J. W. Mayo (M. D. or other)
 Address 2501 Rensselaer Date signed May 25-44

19. (a) 5/24/44 (b) Walter Beale & Bowman
(Date received local registrar) (Registrar's signature)

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

MAR 25 1948

2801 Smith

JUN 1 1949

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 Frank A. Bourmay

Licensed Embalmer No. 1710

P. O. Address St. Joseph 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.