

FILED NOV 8 1947

Registration District No. **149**

Primary Registration District No. **1000**

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

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: Reserve Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 weeks
(Specify whether years, months or days)

In this community: 30 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: Mrs Viola F Castor

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: Female

5. Color or race: Wh.

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

6. (b) Name of husband or wife: Erroy S. Castor

6. (c) Age of husband or wife if alive: 44 years

7. Birth date of deceased: Aug 21, 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>2</u>	<u>9</u> min.

9. Birthplace: Chillicothe, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: None

12. Name: Richard L. Grace

13. Birthplace: unknown, Ireland
(City, town, or county) (State or foreign country)

14. Maiden name: Helena S. Drigger

15. Birthplace: unknown, Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant: Erroy S. Castor

(b) Address: 2454 Poplar, N.E. Mo.

17. (a) Burial: Rural **(b) Date thereof:** Nov 3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St Marys Cemetery

18. (a) Signature of funeral director: Mellody McBellevy Eyal

(b) Address: Kansas City, Mo.

19. (a) Date received local registrar: 11-1-47 **(b) Registrar's signature:** Heraldine Holm
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

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

(d) Street No.: 2454 Poplar
(If rural, give location)

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

If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30 year 1947 hour 10 minute 35 P.M.

21. I hereby certify that I attended the deceased from: Nov 1947 to Oct 30, 1947

that I last saw her alive on: 10/30/47 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary artery of the heart

Duration:

Due to:

Due to:

Other conditions: 50
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations:

Of autopsy:

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

Signature: Health Officer (M. D. or other) 0

Address: 30 Maple St Date signed: 11/3/47

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

Alvin E. Heck

Licensed Embalmer No.

4063

P. O. Address

K. E. Giv

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.