

No. 2  
-1/47  
-17-39

National Office of Vital Statistics

FILED OCT 25 1948

Registration District No. 42

Primary Registration District No. 5134

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Rural <sup>Town</sup> Washington  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Belt Highway at 36th  
(If not in hospital or institution, write street number or location)

(d) Length of stay: 1 year  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Rural St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. Belt Highway at 36th  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Ira Arthur Casto

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 divorced

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased: February 2, 1889  
(Month) (Day) (Year)

8. AGE: Years 59 Months 8 Days 14

If less than one day hr. min.

9. Birthplace: unknown W. Va.  
(City, town, or county) (State or foreign country)

10. Usual occupation: retired laborer

Industry or business: Marion Casto

11. (a) Birthplace: unknown (City, town, or county) (State or foreign country)

12. (b) Birthplace: unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Florence Keck

(b) Address: St. Joseph, Mo.

17. (a) Removal: removal (b) Date thereof: 10/17/48  
(Month) (Day) (Year)

(c) Place: burial or cremation: Mulberry, Kansas

(a) Signature of funeral director: *Katon Bowman Funeral Home*

(b) Address: St. Joseph, Mo.

19. (a) 10-20-48 (b) *E. B. Jenkins*  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16  
year 1948 hour 8 minute P. M.

I hereby certify that I attended the deceased from March 1, 1948, to Oct 15, 1948  
that I last saw him alive on Oct 15, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of lungs

Due to: Began in upper left lung 7 mo

Due to: Hemorrhage from lungs 1 day

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

Major findings: Bronchoscopic exam. - May 1948

Of autopsy: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_

Underline the cause of 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? \_\_\_\_\_ (Specify type of place)

Means of injury: \_\_\_\_\_

23. Signature: *E. B. Jenkins* (M.D. or other) 10-17-48  
Address: St. Joseph, Mo. Date signed .....

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

COPYED BY FAULT

11-22-48

NOV 16 1948

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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..... *William Spalding* .....

Licensed Embalmer No. *4335*

P. O. Address..... *3195 11<sup>th</sup>, S. Pacific* .....

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri  
County of Buchanan } ss.

State File No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1093

On this 12th day of November, 1948, before me appears.....

Mrs. Florence Keck, who, upon her oath, states that the original record of <sup>death</sup> ~~birth~~

for Ira Arthur Casto, <sup>died</sup> ~~born~~ October 16, 1948, in the State of Missouri, and which was filed at St. Joseph, Mo. on 10-20-48, should be corrected as follows:

Item No. 7 should read February 2, 1889

Instead of February 2, 1887

Item No. .... should read .....

Instead of .....

Item No. 8 should read 59 yrs - 8 mos - 14 days

Instead of 61 " " "

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

*(Florence)*  
Affiant Mrs Cecil Keck Daughter  
Relationship.

R. R. #4, St. Joseph, Mo.  
Present Address.

Subscribed and sworn to before me this 12th day of November, 1948.

My Commission Expires Oct. 16, 1950

My Commission expires..... Alaevise Bowman Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

5-32124