

NOV 24 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37463
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
(b) Township..... Primary Registration District No. 3039
(c) City Meranda (d) Street No..... Registered No. 274
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lilla D. Caton

(a) Residence, No. 825 W. Walnut Street St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 0 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Homekeeper
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy Indiana

13. NAME M. S. Overstreet

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Louisa B. Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) M. S. Overstreet
Long Beach, California

18. BURIAL, CREMATION, OR REMOVAL PLACE Worship Legion DATE Oct 26 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ways Funeral Service
Meranda Mo.

20. FILED 10/25 1939 Allen House Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24 1939

22. I HEREBY CERTIFY That attended deceased from April 11 1939 to Oct. 24 1939.

I last saw her alive on Oct. 23 1939. Death is said to have occurred on the date stated above, at 7:15 A.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 11/11 1939

Other contributory causes of importance: Arteriosclerosis

Name of operation..... Date of.....
What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....

(Signed) J. M. Love M. D.
Meranda, Mo. (Address).....

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PLAINLY, WITH UNFADING INK—THIS IS AN IMPROVED DESIGN

1 X18605

RECEIVED

District Health Officer No. 7,
District File Number 9-39-1236
Date Filed 11-9-39

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... Allen V. Hayes
Licensed Embalmer No. 1968
P. O. Address Nevada 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, above space should be left blank.