

FILED MAR 7 - 1940 MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7676

Do not use this space.

1. PLACE OF DEATH

(a) County Perry Co. Registration District No. 657
 (b) Township Breda Primary Registration District No. 5874
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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

(a) Residence, No. 235 Henry J. Katten
Whittenberg R. F. D. 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary P. Katten
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 7, 1867
 7. AGE YEARS 72 MONTHS 2 DAYS 2 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired farmer
 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 9th, 1940
 22. I HEREBY CERTIFY, That I attended deceased from October 4th, 1936 to February 9th, 1940
 I last saw h. l. m. alive on February 8th, 1940 Death is said to have occurred on the date stated above, at 7:40 A. M.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Edema Acute
 Chronic Myocarditis
 Atherosclerosis, Generalized
 Chronic Nephritis
 Other contributory causes of importance: 181
 Date of onset 4 days hrs

12. BIRTHPLACE (CITY OR TOWN) Shawmstown
 (STATE OR COUNTRY) Mo.

FATHER 13. NAME Henry Katten
 14. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Leidner
 16. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Edward E. Katten
Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shawmstown DATE 2-11-1940

19. FUNERAL DIRECTOR (NAME) Crawford Miller
 (ADDRESS) Jackson

20. FILED 2-9- 1940 Adolph Schmidt
 Local Registrar.

Name of operation None Date of _____
 What test confirmed diagnosis? Biscuit 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 Theodore Fischer M. D.
 (Signed) Allenburg, Missouri
 (Address) 592

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.

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

Licensed Embalmer No.

P. O. Address

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.