

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

Rev. 5-17-39  
I 13151

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **22284**

Registration District No. **5637**

Primary Registration District No. **4331**

Registrar's No.

1. PLACE OF DEATH:

(a) County Miller  
 (b) City or town Iberia **9**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether  
 In this community Lifetime  
 years, months or days) **265**

3. (a) PRINT FULL NAME MILDRED LOU CATRON

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Chester R. Catron 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Sept. 27 1903  
 (Month) (Day) (Year)

8. AGE: Years 36 Months 9 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Iberia MO  
 (City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Felix W. Smith

13. Birthplace Iberia MO  
 (City, town, or county) (State or foreign country)

14. Maiden name Fannal Fike

15. Birthplace Iberia MO  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Phedra Catron

(b) Address Iberia MO

17. (a) Burial (b) Date thereof June 5 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Iberia

18. (a) Signature of funeral director B. L. Boney

(b) Address Iberia MO

19. (a) June 5 (b) Mrs. William Gump  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Miller  
 (c) City or town Iberia  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month June day 3  
 year 1940 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec. 21 1939  
 \_\_\_\_\_, 19\_\_\_\_, to June 3, 1940;

that I last saw her alive on June 3, 1940;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the uterus  
Metastasis to the stomach

Due to \_\_\_\_\_ Duration 7 months

Due to \_\_\_\_\_ 45

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

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

PHYSICIAN

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? \_\_\_\_\_  
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 496

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

23. Signature Wm. A. Gould (M. D. or other) MD

Address Iberia MO Date signed 6/6/40

RECEIVED

Miller County Health Dep't.

County File Number 40-71

Date Filed 7-10-40

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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.....

Laron Adams

....., Registered Apprentice No. 211

working under my personal supervision.

Signed Ch. Bailey

Licensed Embalmer No. 2694

P. O. Address Iberia, MD

**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.