

FILED JAN 16 1944

No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42636**

Registration District No. **347**

Primary Registration District No. **3018**

Registrar's No. **65**

1. PLACE OF DEATH:
 (a) County Henry
 (b) City or town Clinton
(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 _____
years, months or days)

3. (a) PRINT FULL NAME CATEL, LAVETHE HEWITT
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____
4. Sex Female **5. Color or race** white **6. (a) Single, widowed, married, divorced** Single
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** _____
 alive _____ years
7. Birth date of deceased Dec 16 1940
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>2</u>	hr. min.

9. Birthplace Clinton mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name RAYMOND HEWITT
13. Birthplace Montrose mo
(City, town, or county) (State or foreign country)
14. Maiden name DAISY COZUM
15. Birthplace Clinton mo
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Hewitt
(b) Address Clinton mo

17. (a) Burial **(b) Date thereof** 12-18-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ENGLEWOOD

18. (a) Signature of funeral director Consalus + Beck
(b) Address Clinton mo

19. (a) Dec 27 1940 **(b)** Dr. J. R. Hampton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State mo (b) County Henry
 (c) City or town Clinton mo
(If outside city or town limits, write "RURAL")
 (d) Street No. 814 E Green st.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 18
 year 1940 hour 5:30 minute PM
21. I hereby certify that I attended the deceased from Dec 16
 1940, to Dec 18 1940;
 that I last saw her alive on Dec 17 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Inflamed Thymus
 Duration _____

Due to _____
 Due to _____
 Other conditions _____
(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? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
312
(Specify type of place) (e) Means of injury

23. Signature Dr. J. R. Hampton **(M. D. or other)** MD
 Address Clinton mo Date signed Dec 18 1940

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

2
7
2

17/60

RECEIVED

District Health Officer No. 7.

District File Number 1-41-27

Date Filed 1-3-41

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.