

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

Rev. 6-17-39

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
FEB 14 1948
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1951
Registrar's No. 36

Registration District No. 89 Primary Registration District No. 5134 L

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Broseley
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Broseley
(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

3. (a) PRINT FULL NAME Trula Cato
3. (b) If veteran, name war Infant 3. (c) Social Security No. _____
4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, Divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 22 1940
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 23
year 41 hour 9 minute _____ A. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Influenza
Whopping Cough

8. AGE: Years _____ Months 4 Days 1 If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Broseley (City, town, or county) (State or foreign country)
10. Usual occupation Infant
11. Industry or business _____
12. Name Frank Cato
13. Birthplace Stoddard Co. (City, town, or county) (State or foreign country)
14. Maiden name Tishia Green
15. Birthplace Lutesville, Mo (City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

MOTHER FATHER
16. (a) Informant's own signature Everett Clark
(b) Address Broseley, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24-41 (Month) (Day) (Year)
(c) Place: burial or cremation Hillis Cemetery
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) 1/24/41 (Date received local registrar) (b) Kate Lutz (Registrar's signature)

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? 89
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Alfred W. Greer (M. D. or other) 5
Address Paplaugh Co. Jones Date signed 1/24-41

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.