S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1694

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 75

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 109 So 17th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 109 So 17th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME L. Genevieve Cater

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased June (Month) 26 (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
52	6	26	hr. min.

9. Birthplace Mercer County Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business

FATHER
12. Name William C Cater
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah A ~~Cater~~ Unknown
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Merle Cater
(b) Address 109 So 17th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23 1942 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul Cemetery, Conesville, Mo.

18. (a) Signature of funeral director Fleeman & Son Inc
(b) Address St Joseph Mo.

19. (a) Jan. 23, 1942 (Date received local registrar) (b) H J Beestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22 year 1942 hour 3 minute 40 P.M.

21. I hereby certify that I attended the deceased from Jan 19 39 to Jan 22 1942 that I last saw her alive on Jan 22 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Embolism	24 hrs
Due to Mitral Disease	2 yrs
Due to Auricular Fibrillation	2 mo
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 95a	
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? (Specify type of place)
While at work (e) Means of injury

23. Signature J M Allaman (M. D. ~~or other~~) MD
Address Central Bldg Date signed 1-23/42

(Licensed Embalmer's Statement on Reverse Side)

allman
Central
4-2 0 04

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 John H Hurley, Registered Apprentice No. ....., working under my personal supervision.

Signed John H Hurley

Licensed Embalmer No. 4056

P. O. Address St Joseph 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, fact should be so stated above.