DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 20 1942

Registration District No. 125

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10441

Primary Registration District No. 3009

Registrar's No. 92.

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

1. PLACE OF DEATH:
(a) County: Cape Girardeau Co
(b) City or town: " " "
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: So E. Mo. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 min. 0 (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Cape Girardeau
(c) City or town: Cape Girardeau City 016 0 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME: HENRY H. KATTES

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

4. Sex: Male 0

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: June (Month) 4 (Day) 1923 (Year)

8. AGE: Years 18 Months 9 Days 20 If less than one day hr. min.

9. Birthplace: Cape Girardeau (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: J. E. Kattes
13. Birthplace: Elsinore (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name: Mary E Greibaum
15. Birthplace: Cape Girardeau (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant: Mrs. Oscar Hale
(b) Address: Cape Girardeau Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar 27-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Hobbs Chapel Com

18. (a) Signature of funeral director: Walthus Und. Co
(b) Address: Cape Girardeau Mo.

19. (a) 3/26-42 (Date received local registrar) (b) F.W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute 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.

	Duration
Immediate cause of death	
Due to	
Due to	
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): Auto Accident 016
(b) Date of occurrence: Mar. 24-1942
(c) Where did injury occur: North Spring Road (City or town) Cape (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Near home (Specify type of place)
While at work?
(e) Means of injury: Struck due to injuries

23. Signature: Dr. J. F. Sigmund (M. D. or other) Coroner
Address: Jackson Mo Date signed Mar 25 1942

1014 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 442 - 50
Date Filed 4 - 15 - 42

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 J. W. Pister

Licensed Embalmer No. 3980

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

o. 2B
3-21-41
X29288

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BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10441

Registration District No. 125 Primary Registration District No. 3009 Registrar's No.

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: Cape Girardeau
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Henry H. Watts
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive Years
7. Birth date of deceased: June (Month) 4 (Day) 1923 (Year)
8. AGE: Years 18 Months 9 Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March Day 25 year 1942 hour 10 minute 30 A.M. P.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.

	Duration
Immediate cause of death: Internal injury and Shock	
Due to: Collision between bicycle this boy was riding and an	
Due to: automobile	
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): Accident
(b) Date of occurrence: March 25, 1942
(c) Where did injury occur? Cape Girardeau County Mo (City or town) (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? On County maintained Highway (Specify type of place)
While at work? (e) Means of injury: Collision
23. Signature: Dr. J. H. Sigmund Coroner (M. D. or other)
Address: Jackson Mo Date signed 5/1/42

SUPPLEMENTARY

S-10441 — 1942