

Registration District No. **761**

Primary Registration District No. **4456**

Registrar's No. **18**

1. PLACE OF DEATH

(a) County St. Louis
 (b) City or town Appleton City
 (If outside city or town limits, write "RURAL" and name of township)
 (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 Appleton City _____ (Yes or No)
 years, months or days)

3. (a) PRINT FULL NAME Catherine Lofton

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex 7 1. Color or race W 5. Color or race W
 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 12 11 1848
 (Month) (Day) (Year)

8. AGE: Years 93 Months 3 Days 11 If less than one day
 hr. _____ min. _____

9. Birthplace St. Louis 0
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Jim Doyle
 13. Birthplace 0 0
 (City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Harriet Bradley

(b) Address Orcessa Mo.

17. (a) Burial (b) Date thereof 3-22-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Doyal Cemetery

18. (a) Signature of funeral director W. B. ...

(b) Address Orcessa Mo.

19. (a) Mar 26 42 (b) W. Lynn Davidson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Appleton City
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 20
 year 1942 hour 12 minute 5:30 AM

21. I hereby certify that I attended the deceased from Mar
22 1942 to Mar 22 1942
 that I last saw h. _____ alive on _____ 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death I did not see her
alive
 Due to Cause of death
 Due to unknown

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy 7000

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?

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature W. L. Hansen (M. D. or other) MD
 Address Appleton City Mo Date signed 3-22-42

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

3
1
0

11001

RECEIVED

District Health Officer No. 7,

District File Number 4-42-292

Date Filed 8-6-42

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.....

Licensed Embalmer No. 3038

P. O. Address Orwell 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.