

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAY 21 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13732

State File No.

Registration District No. 69

Primary Registration District No. 5108

Registrar's No.

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Rural Wayne Twp.
(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 Lifetime
years, months or days)

3. (a) PRINT FULL NAME Ada Anna Elizabeth Cato

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 Married

6. (b) Name of husband or wife W. F. Cato 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased. July 22 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 7 28 hr. _____ min.

9. Birthplace Eastland Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.

12. Name Joel Abernathy
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Emeline Eaker
15. Birthplace Bollinger Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant W. F. Cato
(b) Address Zalma, Mo.

17. (a) Burial (b) Date thereof Apr 22, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cox Cemetery

18. (a) Signature of funeral director Baker Funeral Home

(b) Address Lutesville, Mo.

19. (a) 4-27-42 (b) Mrs. Geneva Graham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger 9
(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. Near Zalma
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th
year 1942 hour 11:00 minute 10 P. M.

21. I hereby certify that I attended the deceased from Apr 20 1942 to Apr 20 1942
that I last saw her alive on Apr 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to _____

Due to _____

Other conditions 430
(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) _____
(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 _____

23. Signature E. C. Masters (M. D. or other) Mo
Address Adrian, Mo Date signed 4-27-42

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

ED
District Health Officer No. 4
District File Number 542-600
Date Filed 5-13-41

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

J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.