S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 5 1942

Registration District No. 76

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 40245058

State File No. 17307

Registrar's No. 29

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

6
0
0

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Rural-Lamar Township (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 years, months or days) 1 year

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 6 0 0

(c) City or town Lamar (Rural) (If outside city or town limits, write "RURAL")

(d) Street No. RFD #4 (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME SARAH ELIZABETH CATHER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife William Henry Cather

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

7. Birth date of deceased December (Month) 14 (Day) 1860 (Year)

8. AGE: Years 81 Months 5 Days 2 If less than one day hr. min.

9. Birthplace Bedford, (City, town, or county) Indiana / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Isaac Young Byers
13. Birthplace (City, town, or county) Indiana / (State or foreign country)

MOTHER
14. Maiden name Sarah Elizabeth Macquertor
15. Birthplace (City, town, or county) Ohio / (State or foreign country)

16. (a) Informant Mrs. Lee Mitchell

(b) Address Lamar, Missouri

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

(c) Place: burial or cremation Fowler, Kansas

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) 5/17/42 (Date received local registrar) (b) Martha River (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1942 hour 1 minute 00 P. M.

21. I hereby certify that I attended the deceased from April 16, 1942, to May 16, 1942; that I last saw her alive on May 12, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Decompensation	4 days
Coronary occlusion	1 month
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Arterial Hypertension	1+ years

Major findings:
Of operations
Of autopsy

940

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 0

23. Signature Vern T. Bickel (M. D. or other) M.D.

Address Lamar, Mo. Date signed May 16.

11 17

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 642-258
Date Filed JUN 1 1942

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 Carl F. Kennantz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.