

FILED OCT 5 1942

Registration District No. 218

Primary Registration District No. 4143

Registrar's No. 113

1. PLACE OF DEATH:

(a) County **COOPER**

(b) City or town **BLACKWATER (RURAL)**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **Home**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community **56 YEARS**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **COOPER**

(c) City or town **BLACKWATER (RURAL)**
(If outside city or town limits, write "RURAL")

(d) Street No. **1 1/2 MILES NORTH EAST**
(If rural, give location)

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

3. (a) PRINT FULL NAME **MRS VIRGINIA KUECKELHAN CATON**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPTEMBER** day **20**
year **1942** hour **10:40** minute **PM**

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

4. Sex **FEMALE** 5. Color or race **WHITE**

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

6. (b) Name of husband or wife **CLIFFORD CATON**

6. (c) Age of husband or wife if alive **(60)** years

7. Birth date of deceased **MARCH 5 1884**
(Month) (Day) (Year)

Immediate cause of death **Acute Apoplexy**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) **83a!**

Major findings: Of operations.....

Of autopsy.....

8. AGE: Years **58** Months **6** Days **16** If less than one day..... hr. min.

9. Birthplace **COOPER COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business **HOME**

12. Name **O.A. KUECKELHAN**

13. Birthplace **COOPER COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

14. Maiden name **BIRDIE WILLIAMS**

15. Birthplace **CLARK'S FORK MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **SUZANNE CATON**

(b) Address **BLACKWATER, MO**

17. (a) **BURIAL** (b) Date thereof **SEPT. 23-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **WALNUT GROVE CEMETERY**

18. (a) Signature of funeral director **STEGNER & KOENIG**

(b) Address **BOONVILLE, MO**

19. (a) **Sept 22 42** (b) **ArChas Swap.**
(Date received local registrar) (Registrar's signature)

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 **L.H. Meier** (M. D. or other).....
Address **Boonville, Mo** Date signed **9-24/42**

Duration **7**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

27
0
0

1088

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

10-3-42

OK

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 James W. Segner
Licensed Embalmer No. 3780
P. O. Address Boonville, 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.