

FILED NOV 6 1942

State File No.

Registrar's No. 4356

Registration District No. 239

Primary Registration District No. 5825

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

1. PLACE OF DEATH:

(a) County NEW-MADRID

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 6 weeks
(Specify whether years, months or days)

In this community 6 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Varma Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 3 1/2 mi. West of Varma Mo.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country. 0

3. (a) PRINT FULL NAME Mary Genevieve Cato

3. (b) If veteran, name war. None 3. (c) Social Security No. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day Oct
year 1942 hour 5 minute 30 P. M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife. 0 6. (c) Age of husband or wife if alive 39 years
(Day) (Year)

7. Birth date of deceased: Feb 19 39
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 16 1942 to Oct 17 1942
that I last saw her alive on Oct 17 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

3 7 28 hr. 0 min.

Immediate cause of death Lobar pneumonia Duration 4 day

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 108

9. Birthplace Brasley Mo (City, town, or county) (State or foreign country) 0

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name Alfred Cato

13. Birthplace Bullinger Co. Mo. (City, town, or county) (State or foreign country) 0

14. Maiden name Juana Thomas

15. Birthplace Bullinger Co. Mo. (City, town, or county) (State or foreign country) 0

PHYSICIAN

Major findings: _____
Of operations. _____

Of autopsy.....

Underline the cause to which death should be charged statistically.

16. (a) Informant Alfred Cato

(b) Address Varma Mo. RT 2

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?.....

17. (a) Burial (b) Date thereof Oct 18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillie Cemetery Mar. Mo.

While at work?.....
(Specify type of place) (e) Means of injury 2

18. (a) Signature of funeral director J.P. Niemann

(b) Address Varma Mo

19. (a) Oct. 27/42 (b) Mrs. S.B. Redus
(Date received local registrar) (Registrar's signature)

23. Signature H. S. Davis (M. D. or other) 2

Address Walden Mo Date signed 10/19/42

RXH

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.....

P. O. Address.....

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.