

FILED JAN - 8 1942

Primary Registration District No. **3002**

1. PLACE OF DEATH:

(a) County **Audrain**
(b) City or town **Mexico**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Audrain Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 weeks**
(Specify whether
In this community **Life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Audrain**
(c) City or town **Mexico**
(If outside city or town limits, write "RURAL")
(d) Street No. **320 Woodlawn**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Mary Carter (Polly) Cauthorn**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **DS**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased **Jan. 18, 1879**
(Month) (Day) (Year)

8. AGE: Years **63** Months **10** Days **25** If less than one day _____ hr. _____ min.

9. Birthplace **Audrain Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name **C. J. Cauthorn**

13. Birthplace **Va**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth**

15. Birthplace **Va**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Martha Burns**

(b) Address **Mexico Mo**

17. (a) **Buried** (b) Date thereof **12-15-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood**

18. (a) Signature of funeral director **Clara Amador**

(b) Address **Mexico Mo**

19. (a) **12-15-42** (b) **Margaret H Mackie**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **13**
year **1942** hour **2:15** minute **0** M.

21. I hereby certify that I attended the deceased from **Sept 42** to **Dec 13** 19**42**
that I last saw her alive on **Dec 13** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death: **adenocarcinoma with metastasis to lungs, pelvis and abdomen - Primary site in right breast.**

Other conditions: **50**
(Include pregnancy within 3 months of death)

Major findings: **Operation (Breast amputation) 1939 with glandular involvement at that time.**

Duration _____

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) **no**
(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) (c) Means of injury _____

23. Signature **H. C. Prasher** (M. D. or other) **M.D.**
Address **Mexico, Mo** Date signed **12/13/42**

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

4
1
2

1674

DEC - 5 1945

AUG 23 1945

RECEIVED
AUG 23 1945

District Health Officer No. 10

District File Number ~~1-43-1158~~ 1-43-16

Date Filed Jan 6 1943

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 *Clara Arnold*

Licensed Embalmer No. 3569

P. O. Address Mexico, 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.