No. 2
9-4-41
17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44009

Registration District No. 381 Primary Registration District No. 4515 Registrar's No.

1. PLACE OF DEATH:

(a) County: Sullivan
(b) City or town: Milan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Simpson Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 hrs. (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED: 105

(a) State: Mo (b) County: Sullivan
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Near Green City
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: Donna Ruth Catlett

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: —

6. (b) Name of husband or wife: —

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

7. Birth date of deceased: 7 (Month) 2 (Day) 1943 (Year)

8. AGE: Years | Months: 5 | Days: 19 | If less than one day: hr. min.

9. Birthplace: Sullivan (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: —

11. Industry or business: —

MOTHER FATHER

12. Name: Pearl Catlett

13. Birthplace: Woodward (City, town, or county) Okla. (State or foreign country)

MOTHER

14. Maiden name: Freeman Ames

15. Birthplace: Sullivan (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Pearl Catlett
(b) Address: Green City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-28-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Olivet

18. (a) Signature of funeral director: Glen E. Kent & Son
(b) Address: Green City Mo.

19. (a) Dec 29 1943 (Date received local registrar) Mrs L. D. Green (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec day: 26 year: 1943 hour: 4:27 AM minute: M.

21. I hereby certify that I attended the deceased from Dec. 25, 1943, to Dec. 26, 1943, that I last saw her alive on Dec. 26, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial pneumonia	3 hrs.
Due to: acute Bronchitis	2 dys.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

107

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:

23. Signature: E. E. Simpson (M. D. or other)
Address: Milan, Mo. Date signed: 12-29-43

1140

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-44-86
Date Filed JAN 11 1944

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 Archie W Wade

Licensed Embalmer No. 3037

P. O. Address Green City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.