V. S. No. 2
00M—2-43
V. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1944

Registration District No. 251

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3772

Primary Registration District No. 3048

Registrar's No. 9

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

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 41 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Maryville (If outside city or town limits, write "RURAL")
(d) Street No. 604 North Main
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) O
If yes, name country

3. (a) PRINT FULL NAME Louisa Lavena Catterson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Omer M. Catterson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 28 1851 (Month) (Day) (Year)

8. AGE: Years 92 Months 1 Days 10 If less than one day hr. min.

9. Birthplace Lebanon Ind. (City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business

FATHER
12. Name Johathan Evans
13. Birthplace Westmonlcand Co. Pa (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Bell
15. Birthplace Belfast Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Halbert Catterson
(b) Address Maryville Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-9-44 (Month) (Day) (Year)
(c) Place: burial or cremation Miriam Cemetery
18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville - Mo.
19. (a) 1-12-44 (Date received local registrar) (b) Amy Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7 year 1944 hour 4 minute P. M.
21. I hereby certify that I attended the deceased from January 5" 1944 to January 7 1944 that I last saw h. alive on January 7 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Shock - Myocardial Degenerative Fraction of right radius

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) MOC - 8

Major findings:
Of operations

Of autopsy

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) accident 074
(b) Date of occurrence Jan 5 - 1944
(c) Where did injury occur? Streets of Maryville (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Maryville, Nodaway Co Mo (Specify type of place)
While at work? No (e) Means of injury Automobile
23. Signature H. M. Hallis (M. D. or other) MD
Address Maryville - Mo Date signed 1-10-44

1349

(Licensed Embalmer's Statement on Reverse Side)

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 Clem M. Price

Licensed Embalmer No. 18 2-2

P. O. Address Maryville 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.