

FILED APR 13 1944

Registration District No. 133

Primary Registration District No. 5483

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

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Bethany (Rural)
(c) Name of hospital or institution: at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether In this community years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Harrison
(b) City or town Bethany Rural
(If outside city or town limits, write "RURAL")
(c) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Robert Charles Catlett

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jannita M. Catlett 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased 1-23-1819
(Month) (Day) (Year)

8. AGE: Years 25 Months 1 Days 14 If less than one day hr. _____ min. _____

9. Birthplace Hamburg, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____
12. Name Truman R. Catlett
13. Birthplace Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Donna Mae
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Jannita M. Catlett
(b) Address Bethany Mo.
17. (a) Burial (b) Date thereof 3-10-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wilmington
18. (a) Signature of funeral director L. M. Hays
(b) Address Bethany Mo.
19. (a) Mich 18-44 (b) J. M. Burris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 8
year 1944 hour 10 minute _____ P. M.

21. I hereby certify that I attended the deceased from 3/7, 1944 to 3/8, 1944
that I last saw him alive on 3/7, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Tuberculosis of Lung
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 13 ft

Major findings: _____
Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Ralph L. Walker, D.O.
Address Bethany, Mo Date signed 3/8/44

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. *1078*

P. O. Address. *Bethany, 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.