

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
FILED AUG 14 1944 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 162

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
111 Elm  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 50 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage  
(If outside city or town limits, write "RURAL") 3

(d) Street No. 111 Elm  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME Roy Edmond Catron

3. (b) If veteran, name war No

3. (c) Social Security No 500-09-3717

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret Catron

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased October 24 1889  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
54	8	26	hr. _____ min.

9. Birthplace Fairplay Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Policeman

11. Industry or business \_\_\_\_\_

12. Name James Catron

13. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Vaughan

15. Birthplace Unknown Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Catron

(b) Address 111 Elm, Carthage, Missouri

17. (a) Burial (b) Date thereof July 22, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (c) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) July 21, 1944 (b) E. Elizabeth Cooper  
(Date reported local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20  
year 1944 hour 3:20 minute a.M.

21. I hereby certify that I attended the deceased from March 10 1944 to July 20 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis  
Duration \_\_\_\_\_

Due to Cancer of Prostate

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations Ellis Trenchel Knell  
in Columbia MO 4-50-44  
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 \_\_\_\_\_ (M. D. \_\_\_\_\_)  
Address \_\_\_\_\_ Date signed 7-21-44

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

49  
3

MOTHER FATHER

44-7-612

FEB 8 1945

**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 Lucy Kneel - Buckwell

Licensed Embalmer No. 2510

P. O. Address Carthage, 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.**