

7. S. No. 2  
DOM-5-43  
Rev. 5-17-39  
I X36671

State File No. ....

FILED NOV 31 1944

Primary Registration District No. 2480

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Winigan Mo Morris Twp  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 1  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan 105

(c) City or town Winigan 100  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

3. (a) PRINT FULL NAME Amanda Abigail Cattetey

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife F. M. Cattetey 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased July 6 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>2</u>	<u>3</u>	hr. _____ min.

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

10. Usual occupation Housekeeper

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

12. Name William W. Jones

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

14. Maiden name Josephine B. Vanwye

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

16. (a) Informant Robert Cattetey

(b) Address Winigan, Missouri

17. (a) Burial (b) Date thereof Oct 12, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Price Cemetery

18. (a) Signature of funeral director M. H. McCallister

(b) Address South Gifford, Missouri

19. (a) 10-31-44 (b) Paula M. Shaw Deputy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9th  
year 1944 hour 9 P. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Oct 9 1944, 19\_\_\_\_, to Oct 9 1944, 19\_\_\_\_;  
that I last saw her alive on Oct 9 1944, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestion and Consolidation of Upper Lobes of both Lungs together with Valvular Disease of Heart

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

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

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

(e) While at work? \_\_\_\_\_ (Specify type of place)

23. Signature M. H. McCallister (D. or other) \_\_\_\_\_

Address Greene City Mo Date signed 10/17/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

05  
00

MOTHER FATHER

1351

APR 3 1947

RECEIVED

District Health Officer No. 10

District File Number 10-44-1267

Date Filed NOV 3 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

*W. H. McCollum*  
W. H. McCollum

Licensed Embalmer No. 2052

P. O. Address South Gifford, Missouri

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.