

S. No. 2
M-543
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. GOVERNMENT PRINTING OFFICE: 1942
STANDARD CERTIFICATE OF DEATH

10125

State File No. _____

Registrar's No. 1716

Registration District No. 242

Primary Registration District No. 3044

66
11
9047
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Miller

(a) County Miller

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

(c) Name of hospital or institution: 122 So. Locust
(If not in hospital or institution, write street number or location)

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

In this community 6 mo
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MILLER

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

(d) Street No. 122 So. Locust
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CORA ELLEN-CATRON

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 10
year 1946 hour 3 minute - P.M.

21. I hereby certify that I attended the deceased from _____, 1946 to 3/10, 1946
that I last saw her alive on 3/10, 1946
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race White

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

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 12 1896
(Month) (Day) (Year)

Immediate cause of death Coronary Heart Dis Duration 10 days

Due to Arterio-sclerous ?

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day

<u>49</u>	<u>8</u>	<u>28</u>	<u>✓</u> hr. <u>✓</u> min.
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9. Birthplace ALA-KY
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Major findings: Of operations _____

Of autopsy a w

Underline the cause to which death should be charged statistically.

10. Usual occupation none

11. Industry or business none

12. Name FLOYD-B. CATRON

13. Birthplace Withe-Co VA
(City, town, or county) (State or foreign country)

14. Maiden name MARY-JANE-LOWE

15. Birthplace VA-1
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Geo. H. Catron

(b) Address Eldon Mo

17. (a) BURIAL (b) Date thereof 3/13/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moredock-Ky

18. (a) Signature of funeral director Keith McKay

(b) Address Eldon Mo

19. (a) Mar. 11, '46 (b) Wheretta Walt
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

Means of injury ✓

23. Signature G. D. Waller M. D. _____

Address Eldon Mo Date signed 3/19/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-4-46

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 Keith M. Kaye
Licensed Embalmer No. 3998
P. O. Address Elbow 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.