

FILED OCT 16 1946
Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 180

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)
In this community 24 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42
(c) City or town Clinton
(If outside city or town limits write "RURAL")
(d) Street No. 1st St. N. of Clinton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Florence Catley

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

4. Sex 71 5. Color or race W 6. (a) Single; widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive ✓ years _____

7. Birth date of deceased Apr 11 1860
(Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 21 If less than one day hr. min.

9. Birthplace England 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph Noble

13. Birthplace England 4
(City, town, or county) (State or foreign country)

14. Maiden name Isabelle Robinson

15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Miss C. D. Catley

(b) Address Clinton Mo

17. (a) Funeral (b) Date thereof 10-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood cem

18. (a) Signature of funeral director Ed Williams

(b) Address Clinton Mo

19. (a) 10-2-46 (b) R R Kemy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2
year 1946 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept. 30, 1946, to Oct. 2, 1946
and that death occurred on the date and hour stated above.
that I last saw her alive on Oct. 1, 1946

Immediate cause of death Fracture of right hip Duration 2 day

Due to _____

Due to _____

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

Major findings: Of operations none 160A

Of autopsy none 17

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 42

(b) Date of occurrence Sept 30/46

(c) Where did injury occur? Clinton Registrar Henry Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
own home (Specify type of place)

While at work? No (e) Means of injury Fell a bar

23. Signature S B Anglen (M. D. or other) MD

Address Clinton Mo Date signed 10/2/46

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

12
1
2

RECEIVED

Office No. 7,

Case No. 9-46-1016

Date Filed 10-9-46

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

Fred A. Wikstrom

Licensed Embalmer No.

2478

P. O. Address

Clinton 7

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.