

FILED NOV 25 1946

Registration District No. 178

Primary Registration District No. 4285

Registrar's No. 97

1. PLACE OF DEATH:

(a) County LEWIS  
(b) City or town LEWISTOWN  
(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 \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LEWIS  
(c) City or town LEWISTOWN  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME KATIE AOLINE CASE

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 Widowed  
6. (b) Name of husband or wife EDWARD CASE 6. (c) Age of husband or wife if alive, \_\_\_\_\_ years  
7. Birth date of deceased FEB. 2, 1876  
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace STEVENSVILLE MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

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

MOTHER FATHER { 12. Name ALEXANDRIA Kitch  
13. Birthplace OHIO  
(City, town, or county) (State or foreign country)  
14. Maiden name CORA VINCENT  
15. Birthplace LEWIS COUNTY MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Francis Bowen  
(b) Address Lewistown, Mo  
17. (a) Burial (b) Date thereof 10 8 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Stevensville Mo

18. (a) Signature of funeral director James A. Coker  
(b) Address Lewistown Mo  
19. (a) 11/9/46 (b) P. W. Jennings MD  
(Date issued local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4  
year 1946 hour 1 minute 45 A.M.  
21. I hereby certify that I attended the deceased from April 5  
1946 to Nov 4 1946  
that I last saw her alive on Nov. 4 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Failure  
Cerebral Lobe  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
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 John H. Howard (M. D. or other) \_\_\_\_\_  
Address Lewistown, Mo Date signed 11/5/46

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

JUN 1 1949

RECEIVED  
District Health Officer No. 10  
District File Number 10-#6-2062  
Date Filed NOV 22 1946

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 Myself

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed James A. Coder  
Licensed Embalmer No. 2537  
P. O. Address Lewistown Pa

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.