

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Mound City, RURAL
(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

3. (a) PRINT FULL NAME Pearl Elma Caton

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 A.B. Caton 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased July 15th 1879
(Month) (Day) (Year)

8. AGE:		Years	Months	Days	If less than one day
		<u>67</u>	<u>4</u>	<u>17</u>	hr. _____ min.

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

10. Usual occupation House Work

11. Industry or business _____

MOTHER FATHER { 12. Name George Gillis.

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

14. Maiden name Addie Hill

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

16. (a) Informant A B Caton

(b) Address Mound City, Missouri

17. (a) _____ (b) Date thereof 12/5/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound City, Mo.

18. (a) Signature of funeral director W. H. Crawford

(b) Address Mound City, Missouri

19. (a) Dec 12 (b) J. Cheney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt **44**
(c) City or town Mound City, No Rural **0**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) **1**
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2nd.
year 1946 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from DEC 2, 1946 to DEC 2, 1946
that I last saw h. W alive on DEC 2, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery occlusion

Due to _____
Due to _____

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

Major findings: Of operations 94A
Of autopsy _____

Duration _____
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? 1
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. H. Crawford (M. D. or other) MD
Address Mound City, Mo. Date signed 12/4/46

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

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DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.