

S. No. 2
1-1/47
5-17-39

FILED SEP 10 1948
Registration District No. 267

Primary Registration District No. 3049

Registrar's No. 70

98
2
1
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Remiscot

(b) City or town Hayti
(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 47 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Remiscot

(c) City or town Hayti
(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 Maggie Dora Cathey

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27
year 1948 hour 10 minute 30 P.M.

4. Female 5. Color or race white

6. (a) Single married, divorced _____

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 10 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-15-1947 to 8-27-1948

that I last saw him alive on 8-27-1948 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>2</u>	<u>17</u>	_____ hr. _____ min.

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

9. Birthplace Milan, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Cannon

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

14. Maiden name Ella Willis

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

PHYSICIAN _____

Underline the cause of which death should be charged statistically.

16. (a) Informant Mrs. Marvin Miller

(b) Address Hayti, Missouri

17. (a) Burial (b) Date thereof 8/29/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayti, Mo

18. (a) Signature of funeral director J. W. Herman

(b) Address Hayti, Mo

19. (a) 9-6-48 (b) J. W. Herman
(Date received local registrar) (Registrar's signature)

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? _____ (Specify type of place)

While at work? _____ (e) Means of injury 3

23. Signature J. L. Masters (M.D. or other) _____

Address Hayti, Mo Date signed 8-31-48

9-48-249

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

John H. German

Licensed Embalmer No. *4355*

P. O. Address *Wayte, 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.