

FEB 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2711

Registration District No. 347

Primary Registration District No. 318

Registrar's No.

1. PLACE OF DEATH:
 (a) County Henry
 (b) City or town Clinton mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community, 70 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State mo (b) County Henry #2
 (c) City or town Clinton
(If outside city or town limits, write "RURAL")
 (d) Street No. Royal Hotel
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME JAMES W^M CATLIN
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 31
 year 1940 hour 8 minute P M.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, wid
 6. (b) Name of husband or wife Sussis 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Feb 1 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from About 4 months 19____ to 12-31 1940
 that I last saw him alive on 12-31 1940
 and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 10 Days 30 If less than one day _____ hr. _____ min.

Immediate cause of death: Myocardiosis
 Due to old age
Chronic Bronchitis

9. Birthplace ZANESVILLE OHIO
(City, town, or county) (State or foreign country)

Due to _____
 Other conditions (include pregnancy within 3 months of death) 106A

10. Usual occupation FURRY HANGER

Major findings: None
 Of operations _____
 Of autopsy None

MOTHER FATHER
 12. Name James CATLIN
 13. Birthplace MAINE
(City, town, or county) (State or foreign country)
 14. Maiden name ELIZABETH STOWEN
 15. Birthplace Dart Knowlton
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Grace Catlin
 (b) Address Clinton mo

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? _____

17. (a) Burial (b) Date thereof 1-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Englewood

While at work? 3/2 (Specify type of place)
 (e) Means of injury _____

18. (a) Signature of funeral director CON SALUS-PECK
 (b) Address Clinton mo
 19. (a) 1-8-41 (b) W. J. R. Hampton
(Date received local registrar) (Registrar's signature)

23. Signature E. C. Decker (M. D. or other) MD
 Address Clinton Date signed 12/41

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

RECEIVED

District Health Officer No. 7,
District File Number 2-41-274
Date Filed 2-7-14

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

J. E. Consolet

Licensed Embalmer No. 1891

P. O. Address Clinton

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, above space should be left blank.