

No. 2
12-45
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 21 1947
Registration District No. 137

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8781
State File No. _____
Registrar's No. 51

Primary Registration District No. 3023

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:
411 E Oak St 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 all life
years, months or days

3. (a) PRINT FULL NAME MARY GRACE CATLIN
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Fem 5. Color or race wh
6. (a) Single, widowed, married, divorced Mar
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Nov 9 1884
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 1
If less than one day _____ hr. _____ min.

9. Birthplace Henry Co mo
(City, town, or county) (State or foreign country)

10. Usual occupation Fancy work

11. Industry or business _____

MOTHER FATHER

12. Name James W^m Catlin
13. Birthplace Zanville Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Susan Edwards
15. Birthplace St Louis Co mo
(City, town, or county) (State or foreign country)

16. (a) Informant Jelya Beckman

(b) Address Kansas City mo

17. (a) Burial (b) Date thereof 3-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Consalvus Beck

(b) Address Clinton mo

19. (a) 3-11-1947 (b) R. B. Tenney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Henry 42
(c) City or town Clinton mo
(If outside city or town limits, write "RURAL")
(d) Street No. 411 E Oak St
(If rural, give location) DL MO
(e) Citizen of foreign country BECELIANS (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 10
year 1947 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from
3-7-1947 to 3-10-1947
that I last saw her alive on 3-10-1947
and that death occurred on the date and hour stated above.

Immediate cause of death Uterine Neurokage Duration 2 da
Uterus Tumor
Not Classified

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

Major findings:
Of operations _____
Of autopsy 57B

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? 0

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

23. Signature E. C. Peeler MD (V. P. or other)
Address Clinton Mo Date signed 3/11/47

Peeler 120 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number: 8-47-251
Date Filed 3-17-47

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. Consalus
Licensed Embalmer No. 1891
P. O. Address Clinton, 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.