

FILED JUN 22 1942

Registration District No. _____

Primary Registration District No. 5769

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Monticau
(b) City or town Rural (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 50 year years, months or days

3. (a) PRINT FULL NAME Mary Oma Catton
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Month) (Day) (Year)
7. Birth date of deceased Feb 20 1864 (Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Monticau MO (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Isaac Phelan
13. Birthplace Monticau MO (City, town, or county) (State or foreign country)
14. Maiden name Phelan
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Anna Lutz

(b) Address Centerton 5 Mo.
17. (a) Burial (b) Date thereof 5/9/42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Lebanon

18. (a) Signature of funeral director William H. Friedman

(b) Address California Mo.

19. (a) 5-9-42 (Date received local registrar) (b) Mr. James Rock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH Month May day 8 year 1942 hour 4 minute P M.
21. I hereby certify that I attended the deceased from March 14 1942 to April 4 1942 that I last saw her alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration _____

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 97

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 J. A. Benson (M.D. or other) D.O.
Address _____ Date signed 5-9-42

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

68000

510

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 Was Not Embalmed

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

Signed Hugh E Williams

Licensed Embalmer No. 3537

P. O. Address California 70

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.