DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 38970

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 219

REC'D DEC 11

**1. PLACE OF DEATH:**

(a) County Boone

(b) City or town Columbia (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 years, months or days)

In this community all of life

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Boone

(c) City or town Columbia (If outside city or town limits, write "RURAL")

(d) Street No. 1501 Hinkson Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Roann Cato. Jr.

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 Single

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased 4 (Month) 13 (Day) 1855 (Year)

8. AGE: Years 84 Months 6 Days 18 If less than one day ..... hr. ..... min.

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

10. Usual occupation at Home 0

11. Industry or business ✓ 1

FATHER
12. Name W. E. B. Cato. 0
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna E. Speak
15. Birthplace Boone Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature B. C. Hunt

(b) Address Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-3-39 (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Mo. Cem.

18. (a) Signature of funeral director W. A. Whitesides

(b) Address Columbia, Mo. 74

19. (a) 11/2/39 (Date received local registrar) (b) Allie Selby (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 1st, year 1939 hour 730 a minute ..... M.

21. I hereby certify that I attended the deceased from May 20, 1939 to 11-1-, 1939; that I last saw her alive on 10-28-, 1939 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Myocarditis chronic | ? |
| Due to Arteries - sclerosis | ? |
| Due to Apoplexy | ? |
| Other conditions — (Include pregnancy within 3 months of death) | |
| 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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Frank E. Depfumer (M. D. or other) MD

Address Columbia Mo Date signed 11-2-39

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 X19511

## 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 W. S. McWilliams

Licensed Embalmer No. 3893

P. O. Address Columbia 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, above space should be left blank.**