

Registration District No. _____

Primary Registration District No. 6024A

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County, St. Francois R.
 (b) City or town Cantwell
 (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) 2

- (d) Length of stay: In hospital or institution _____
-
- (Specify whether _____)

In this community _____
years, months or days8. (a) PRINT FULL NAME Katherine Pastlewait3. (b) If veteran,
name war _____8. (c) Social Security
No. _____4. Sex female
5. Color or race white6. (a) Single, widowed, married,
divorced Widow6. (b) Name of husband or wife Dave
Pastlewait6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased Nov. 18 1873
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
66 3 1 _____ hr. _____ min.9. Birthplace Washington Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name John Harris13. Birthplace Ireland
(City, town, or county) (State or foreign country)14. Maiden name Lucinda Durham15. Birthplace Potosi Missouri
(City, town, or county) (State or foreign country)16. (a) Informant's own signature John Pastlewait(b) Address Cantwell Missouri17. (a) Burial (b) Date thereof Feb. 21, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Herold Cemetery18. (a) Signature of funeral director C. J. Boyer Jr.(b) Address Desloge Missouri19. (a) 2/9/40 (b) W. D. Hushworth
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Francois
 (c) City or town Cantwell
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18
year 1940 hour 11:30 minute _____ P. M.21. I hereby certify that I attended the deceased from
Feb 17, 1940, to Feb 18, 1940.
that I last saw her alive on Feb 18 10:00 PM, 1940.
and that death occurred on the date and hour stated above.Immediate cause of death Lobar Pneumonia
Duration 4-5 Days

Due to _____

Due to _____

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?

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

23. Signature W. A. Pulling (M. D. or other) MD
Address Flat River Mo Date signed 2/21/40

FILED MAR 17 1940

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..... *C. J. Bauer*.....
Licensed Embalmer No..... *1671*.....
P. O. Address..... *Desloge*.....

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.