No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Key 3

State File No. 38631

Registration District No. 290 — Primary Registration District No. 5408 — Registrar's No.

FILED DEC 11 1940

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

1. PLACE OF DEATH:
(a) County Dunklin Fulton
(b) City or town Rural
(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
In this community years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Dunklin
(c) City or town Rural
(If outside city or town limits write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Verda E Cato
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Seth Cato
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 25 (Day) 1907 (Year)

8. AGE: Years 33 Months 4 Days 29 If less than one day hr. min.

9. Birthplace Dunklin County Mo. (City, town, or county) (State or foreign country)
10. Usual occupation House Work
11. Industry or business
FATHER
12. Name Thomas J Shoultz
13. Birthplace Dunklin County Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Georgie Briggs
15. Birthplace Henry (City, town, or county) (State or foreign country)
16. (a) Informant A. C. Shoultz
(b) Address Senath Mo
17. (a) B (Burial, cremation, or removal) (b) Date thereof 11-25-40 (Month) (Day) (Year)
(c) Place: burial or cremation Lulu
18. (a) Signature of funeral director McDaniel Funeral Service
(b) Address Senath Mo. Ind
19. (a) Dec. 5-1940 (Date received local registrar) (b) A. D. McDaniel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24 year 1940 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov-14, 1940, to Nov-24, 1940 that I last saw her alive on Nov-24, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Pulmonary Tuberculosis	4 yrs.
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? 21.3 (Specify type of place)
While at work? (e) Means of injury

23. Signature Jay E. Speed (M. D. or other) MD
Address Senath Mo Date signed 11-24-40

(Licensed Embalmer's Statement on Reverse Side) Int—

RECEIVED
District Health Officer No.
District File Number 240-17
Date Filed 12/9/44

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 H. L. Gooch Registered Apprentice No.
working under my personal supervision.

Signed H. L. Gooch

Licensed Embalmer No. 4106

P. O. Address Senath, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.