

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.

Registration District No. 378

Primary Registration District No. 4222

Registrar's No. 3

1. PLACE OF DEATH:
 (a) County Howard
 (b) City or town Fayette
(If outside city or town limits, write "RURAL" and name of township)
Lee Hosp. O
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)
 In this community 21 years

8. (a) PRINT FULL NAME LENA CATON
 8. (b) If veteran, name war
 8. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, 2 divorced Widowed
 6. (b) Name of husband or wife Otis O. Caton 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Aug. 22, 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 18 If less than one day hr. min.

9. Birthplace Brunswick, Mo. O
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business —
 MOTHER FATHER { 12. Name T. Newbold
 13. Birthplace Cynthiana, Ky 1
(City, town, or county) (State or foreign country)
 14. Maiden name Rebecca Bowen
 15. Birthplace Baltimore, Md
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Thora Marie
 (b) Address Glasgow, Mo
 17. (a) burial (b) Date thereof 1-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Salisbury, Mo
 18. (a) Signature of funeral director R.P. Mcrary
 (b) Address Glasgow, Mo
 19. (a) 1-12-41 (b) Anna R. Timb
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Howard
 (c) City or town Glasgow
(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 Jan day 10
 year 1941 hour 10:30 P. minute — M.
 21. I hereby certify that I attended the deceased from 1-6
 1941 to 1-10, 1941
 that I last saw her alive on 1-10, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction 7 Duration 4
 Due to Adhesions 2 1/2
 Due to Acute Cholecystitis ?
 Other conditions —
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: Massive Adhesions
 Of operations —
 Of autopsy —
 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? —
 (e) Means of injury —
 23. Signature W. G. Sadler (M. D. or other) —
 Address Glasgow, Mo Date signed 1-11-41

RECEIVED
DISTRICT HEALTH OFFICER NO. 8,
District File Number
Date Filed 8-13-41

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..... *T. P. M. Coary*
Licensed Embalmer No. *3153*
P. O. Address *Glasgow, 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.