

State File No. _____
Registrar's No. 10

Registration District No. 72 Primary Registration District No. 4041

APR 4 1941

1. PLACE OF DEATH:
(a) County Boone County
(b) City or town Centralia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
600
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 3 months
years, months or days

3. (a) PRINT FULL NAME Catherine Given
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased December 12, 1898
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>3</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace Audrain County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {
12. Name John Murphy
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Sheahan
15. Birthplace Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Morris Given
(b) Address Centralia, Mo.

17. (a) Burial (b) Date thereof Mar. 31, 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Catholic Mexico, Mo.

18. (a) Signature of funeral director Carl E. Pugh
(b) Address Mexico, Mo.

19. (a) 4/2/41 (b) E. H. Barber, MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 10
(a) State Missouri (b) County Boone
(c) City or town Centralia
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 29
year 1941 hour 9 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from Dec 1940
_____, 19____, to Mar 29, 1941
that I last saw her alive on Mar 29, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of Cervix
(grade 4) 16 mon.
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations Grade 4 Carcinoma of Cervix - at Biopsy.
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? _____

23. Signature Frank W. Barber, MD (Specify type of place) _____
While at work _____ Means of injury _____
(M. D. or other) _____
Address Centralia Mo Date signed 3/29/41

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

10
1
0

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.....

Earl E. Precht

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Earl E. Precht

Licensed Embalmer No. **3189**

P. O. Address **Mexico, 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, fact should be so stated above.