

No. 2  
1-4-41  
17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

8092

State File No. \_\_\_\_\_

FILED MAR 16 1942

Registration District No. 878

Primary Registration District No. 6151B

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Rural Maundville Sup.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Maundville, Mo. 1 R.F.D.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 70 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location) Maundville Sup.  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16  
year 1942 hour 3:45 minute A M.  
21. I hereby certify that I attended the deceased from July 1941 to Feb. 26, 1942  
that I last saw her alive on Feb. 20, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary  
failure  
Due to Chr. myocarditis ?  
Duration \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings:  
Of operations 93d  
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) \_\_\_\_\_ (or) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Missouri Date signed 3-2-42

3. (a) PRINT FULL NAME ELIZABETH DOROTHY CATON

3. (b) If veteran, name war NO 3. (c) Social Security No. none

4. Sex fm 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles Caton 6. (c) Age of husband or wife if alive Deceased

7. Birth date of deceased: January 20 1878  
(Month) (Day) (Year)

8. AGE: Years 84 Months 1 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Newton Co. Mo. C  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Benjamin Thomas

13. Birthplace unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Mary

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. A. Selton  
(b) Address Maundville, Mo.

17. (a) Burial (b) Date thereof Feb. 28-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richot Cemetery  
18. (a) Signature of funeral director [Signature]  
(b) Address St. Louis, Missouri  
19. (a) March 7, 1942 (b) Edlesner Ludwig  
(Date received local registrar) (Registrar's signature)

1226 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 3-42-220

Date Filed 3-9-42

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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 Lloyd R. Winick

Licensed Embalmer No. 3857

P. O. Address Nevada, 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.