

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

27340

SEP 10 1943

Registration District No. 47

Primary Registration District No. 3005

Registrar's No.

243

1. PLACE OF DEATH:

(a) County Callaway
 (b) City or town Fulton Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 837 Nichols St., /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Twenty Years (Specify whether
 In this community Twenty Years years, months or days)

3. (a) PRINT FULL NAME Frank Catalina3. (b) If veteran,
name war No3. (c) Social Security
No. 489-05-85334. Sex M 5. Color or
Race W 6. (a) Single, widowed, married
Married
/ divorced6. (b) Name of husband or wife Ella Catalina 6. (c) Age of husband or wife if
alive 44 years7. Birth date of deceased June 10 1897
(Month) (Day) (Year)8. AGE: Years 46 Months 1 Days 22 If less than one day
hr. min.9. Birthplace Mt. Pleasant Pa. /
(City, town, or county) (State or foreign country)10. Usual occupation Supt. Harbison Walker Ref

11. Industry or business

12. Name Joseph Catalina Italy13. Birthplace Italy
(City, town, or county) (State or foreign country)14. Maiden name Catherine Phillipi15. Birthplace Italy
(City, town, or county) (State or foreign country)16. (a) Informant Ella Catalina
(b) Address 837 Nichols St. Fulton, Mo17. (a) Burial (b) Date thereof 8/5/1943
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Hillcrest Cem.18. (a) Signature of funeral director Geo. G. Wallace
(b) Address Fulton, Mo.19. (a) 8-5-1943 (b) Joan Masand Hoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
 (c) City or town Fulton, Missouri
 (If outside city or town limits, write "RURAL")
 (d) Street No. 837 Nichols St. (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2
year 1943 hour 9:00 minute P. M.21. I hereby certify that I attended the deceased from
Dec. 1940, 19... to Aug. 2, 1943,
that I last saw him alive on Aug. 2, 1943
and that death occurred on the date and hour stated above.Immediate cause of death Tremendous
Pulmonary Hemorrhage Duration
25 min.Due to Pulmonary Tuberculosis + 3 yrs.

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings: none 13 R!
Of operationsOf autopsy none

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) (c) Means of injury.....

23. Signature Henry Dunt (M. D. or other)
Address Fulton, Mo. Date signed 8/19/43

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, ~~by~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Albert E. White*
Licensed Embalmer No..... *4168*
P. O. Address..... *Fulton, 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.