

FILED SEP 16 1943

Registration District No. _____

Primary Registration District No. 5452

1. PLACE OF DEATH

(a) County Greene
(b) City or town Rural Boone Twp
(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) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Greene
(c) City or town Rural Boone Twp
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

James Abner Catter

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 13 1866
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20 year 1943 hour 5 minute 30 p M.

21. I hereby certify that I attended the deceased from August 1941 to Aug 15th 1943
that I last saw him alive on Aug 15th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral Hemorrhage
Due to Hypertension 2 years
Other conditions 83a
(Include pregnancy within 3 months of death)

Duration
1 wk

Major findings:
Of operations none done
Of autopsy none done

PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years 76 Months 11 Days 7
If less than one day _____ hr. _____ min.

9. Birthplace Greene Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business _____
12. Name Samuel Catter
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Brown
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Davidson
(b) Address Washington D C
17. (a) Rural (b) Date thereof 8-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Johns Chapel Cemetery
18. (a) Signature of funeral director Paul Brun
(b) Address Walnut Grove MO
19. (a) 8-22-43 (b) J. O. Birch
(Date received local registrar) (Registrar's signature)

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? _____
(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature Charles H. McHaffie (M. D.)
Address Fish Grove MO Date signed 8-26-43

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

RECEIVED

Greene County Health Office,

County File Number 43-9-96

Date Filed 9/14/93

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

J. Birch

Licensed Embalmer No.

3856

P. O. Address

Ash Grove 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.