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35097

FILED APR 7 1944
Registration District No. 321

Primary Registration District No. 6083

State File No. _____

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Nelson Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether years, months or days)
In this community 55 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Saline
(c) City or town Nelson
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JULIA ANN CATON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, Divorced Widowed
6. (b) Name of husband or wife Ira J. Caton 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 2 - 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 15 If less than one day hr. _____ min. _____

9. Birthplace Henry Co mo
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business _____

MOTHER FATHER { 12. Name Jepptha Duncan
13. Birthplace Ky
(City, town, or county) (State or foreign country)
14. Maiden name Martha White
15. Birthplace Madin Co Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Caton
(b) Address Nelson Mo

17. (a) Burial (b) Date thereof 3-20-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nelson Mo cemetery

18. (a) Signature of funeral director Harry Heraburger
(b) Address Marshall Mo

19. (a) Mar. 18/1944 (b) Mrs. W. E. Shackelford
(Date received final register) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month mch, day 17
year 1944 hour 11 minute 10 P M.

21. I hereby certify that I attended the deceased from Mar 17 1944 to Mar 17 1944

that I last saw him alive on Mar 17 1944 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duration _____

Due to and other senile complications

Due to 93 yr

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

Major findings: Dr. W. Stauffer MD PHYSICIAN
Of operations Nelson Mo

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed 3/18/44

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

RECEIVED

State Health Officer No. 8

Date Filed

4-6-47

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

Harry Hershberger

Licensed Embalmer No.

4357

P. O. Address

Marshall 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.