

FILED AUG 14 1944

Registration District No. ....

Primary Registration District No. 3002

State File No. ....

Registrar's No. 102

1. PLACE OF DEATH:

(a) County Audrain  
(b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Audrain Hospital  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution.....  
In this community..... Life  
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain  
(c) City or town Mexico  
(If outside city or town limits, write "RURAL")  
(d) Street No. 320 Woodlawn  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME Maude Cauthorn

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced..... S 0  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased May 23, 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>1</u>	<u>20</u>	hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

12. Name C. J. Cauthorn

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

14. Maiden name Elizabeth Botts  
15. Birthplace Va.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. C. Barnes

(b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof July 5, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elwood

18. (a) Signature of funeral director [Signature]

(b) Address Mexico, Mo.

19. (a) 7/5/44 (b) Margaret H. Maske  
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3  
year 1944 hour 4:10 minute P M.

21. I hereby certify that I attended the deceased from April 4 1943 to July 3 1944  
that I last saw her alive on July 3 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Emaciation

Due to Portal obstruction

Due to Multiple tumors of abd - type undetermined

Other conditions: General arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings: none

Of autopsy: none

Duration

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) no

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

23. Signature: [Signature] (M. D. or other) M.D.

Address Mexico, Mo. Date signed 7/4/44

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

AUG 18 1944

DEC - 5 1945

RECEIVED

District Health Officer No. 10

District File Number 8-44-1446

Date Filed AUG 11 1944

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.....

Licensed Embalmer No. 3569

P. O. Address.....

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.