

V. S. No. 2
 OOM-5-43
 Rev. 5-17-39
 I X36571

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

FILED FEB 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 2511
 Registrar's No. 63

Registration District No. 15-6 Primary Registration District No. 2001

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Johlin mo.
 (c) Name of hospital or institution: Freeman Hospital
 (d) Length of stay: In hospital or institution 6 days
 In this community 6 days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Kansas (b) County Cherokee
 (c) City or town Baxter Springs
 (d) Street No. 12362 military
 (e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Loval Leater Cathcart
 (b) If veteran, name war _____ (c) Social Security No. 512-10-5300

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 1 day 30
 year 1945 hour 9 minute 35 P. M.
 21. I hereby certify that I attended the deceased from 1-24-1945 to 1-30-1945
 that I last saw him alive on 1-30-1945
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Arma Cathcart 6. (c) Age of husband or wife if alive 32 years
 7. Birth date of deceased Aug 12 1909

Immediate cause of death Contractive Pericarditis & Purulent Peritonitis
 Due to Septicemia

8. AGE: Years 35 Months 5 Days 19

Due to _____
 Other conditions 129
 (Include pregnancy within 3 months of death)

9. Birthplace Kansas

10. Usual occupation Miner

11. Industry or business Lead & Zinc mines

12. Name Loval Cathcart

13. Birthplace Kansas

14. Maiden name Jessie Whitson

15. Birthplace Kansas

16. (a) Informant Arma Cathcart

(b) Address Baxter Springs Kansas

17. (a) Removal (b) Date thereof 1-31-45
 (c) Place: burial or cremation Baxter Springs Kansas

18. (a) Signature of funeral director Dania Wene
 (b) Address Baxter Springs

19. (a) 1-31-45 (b) Gettysburg Health

Major findings: Of operations _____

Of autopsy Fibrous pleurisy, pericarditis, & peritonitis

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? _____

(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 H. Bogan (M. D. or _____)
 Address _____ Date signed _____

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

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

5929

16064

(Licensed Embalmer's Statement on Reverse Side)

45-1-68

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.....

Hodrens-Wene Funeral Home

....., Registered Apprentice No.....

working under my personal supervision.

Signed *J. Lance Wene*

Licensed Embalmer No. *#2880*

P. O. Address *Baxter Springs Kansas*

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.