

**FILED FEB 7 1946**

Primary Registration District No. 5097

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Rural Shannon 111  
(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 30 years

3. (a) PRINT FULL NAME Elizabeth Ellen Cathey

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

4. Sex Female 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: april 26 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>9</u>	<u>20</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Samuel Bryant

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

14. Maiden name Mary Maxwell

15. Birthplace Ill  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Arthur Burns

(b) Address Butler, Mo.

17. (a) Burial (b) Date thereof 1-18-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Covecreek

18. (a) Signature of funeral director Robert Arnold

(b) Address Cavecreek, Mo.

19. (a) 1-22-46 (b) Quinn Kelley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates

(c) City or town Rural  
(If outside city or town limits write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16  
year 1946 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan. 4  
1946 to Jan. 14, 1946  
that I last saw her alive on Jan. 14, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes

Due to as above

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy (u)

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 (u)

23. Signature E. E. Robinson (M. D. or other)

Address Adrian, Mo. Date signed 1-18-46

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

031

---

---

**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 Robert Arnold

Licensed Embalmer No. 3621

P. O. Address Creechton 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, above space should be left blank.**