

Registration District No. 98

Primary Registration District No. 4165

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Daviess  
(b) City or town Gallatin  
(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 Most of Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31  
(c) City or town Gallatin 1  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. --- (If rural, give location) 0  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 11

3. (a) PRINT Bessie Mae Cathcart  
FULL NAME

3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased December 8 1884  
(Month) (Day) (Year)

8. AGE: Years 61 Months 3 Days 12  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Daviess County (1) Missouri  
(City, town, or county) (State or foreign country)  
Housewife

11. Industry or business \_\_\_\_\_  
12. Name Aaron Trotter  
13. Birthplace Daviess County (1) Missouri  
(City, town, or county) (State or foreign country)  
Mary Venover  
14. Maiden name  
15. Birthplace Daviess County (1) Missouri  
(City, town, or county) (State or foreign country)  
Frank C. Cathcart

16. (a) Informant Frank C. Cathcart  
(b) Address Gallatin, Mo.  
17. (a) Burial (b) Date thereof 3-22-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Creekmore Cemetery

18. (a) Signature of funeral director Hope Funeral Home  
Gallatin, Missouri  
(b) Address

19. (a) 3-26-46 (b) Virginia M English  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20  
year 1946 hour \_\_\_\_\_ minute 7 P. M.

21. I hereby certify that I attended the deceased from May 1  
1940, to March 20, 1946  
that I last saw her alive on March 20, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension  
Cardiac based cerebral disease  
benzene poisoning  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations 932  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(c) 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) (c) Means of injury \_\_\_\_\_  
Signature W. J. [unclear] (M. D. or other)  
Address Gallatin, Mo. Date signed 3/26/46

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

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

APR 8 1957

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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 *L. O. Richardson*

Licensed Embalmer No. *3307*

P. O. Address *Galathea, 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.**