. S. No. 2
M—7-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32401

FILED SEP 16 1946

Registration District No. _____ Primary Registration District No. 6093 Registrar's No. 150

1. PLACE OF DEATH

(a) County Saline

(b) City or town Marshall Mo Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. State School 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 29yr 1mo 20day (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 97

(c) City or town Cooper Hill Mo 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Leonard H. Catt

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Exact Date Unknown (Month) (Day) 1898 (Year)

8. AGE: Years about 48 Months — Days — If less than one day _____ hr. _____ min.

9. Birthplace Unknown (City, town, or county) 0 (State or foreign country)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Unknown
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Records Mo State School
(b) Address Marshall Mo

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 9-5-46 (Month) (Day) (Year)
(c) Place: burial or cremation Kirkwood Osteopathic School

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

19. (a) 9/3/46 (Date received local registrar) (b) Mrs T. Overstreet (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3 year 1946 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Aug 19.45 to Sept 3 1946 that I last saw him alive on Sept 3 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	
Due to:	
Due to: 79	
Other conditions (Include pregnancy within 3 months of death): General Peritonitis	
Major findings: Bowel obstruction	
Of operations: —	
Of autopsy: —	

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

22. If death was due to external causes, state 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature R O Keeley (M. D. or other)
Address Marshall Mo Date signed 9/3/46

294 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-14-46

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.