

JAN 15 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

44348  
Do not use this space.

1. PLACE OF DEATH PLATTE <sup>2</sup>  
 (a) County PRESTON <sup>1</sup> Registration District No. 693  
 (b) Township PRESTON <sup>1</sup> Primary Registration District No. 5920  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 203 CATHERINE ANN MAUZEY  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
 (If divorced, write the word)  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12-1853  
 7. AGE YEARS 86 MONTHS 4 DAYS 22 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) 9  
 13. NAME Chas. Warren FATHER 1  
 14. BIRTHPLACE (CITY OR TOWN) Cock County (STATE OR COUNTRY) Tennessee  
 15. MAIDEN NAME Emeline Holland MOTHER \_\_\_\_\_  
 16. BIRTHPLACE (CITY OR TOWN) Cock County (STATE OR COUNTRY) Tennessee  
 17. INFORMANT Mrs. Boone Haland (ADDRESS) Edgerton, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Warrs Chapel DATE 12/6 1939  
 19. FUNERAL DIRECTOR (NAME) Virian R. Auel (ADDRESS) Edgerton Mo.  
 20. FILED 1/2 1940 Virian R. Auel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 4 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1939, to Dec 4 1939  
 I last saw her alive on Dec 4 1939. Death is said to have occurred on the date stated above, at 9 P m.  
 The principal cause of death and related causes of importance were as follows:  
Bronchial Pneumonia Date of onset Dec 1 1939  
Traumatic  
 Other contributory causes of importance: Injury  
 Name of operation None Date of None  
 What test confirmed diagnosis? A fall Was there an autopsy? No  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No Date of injury Dec 4 1939  
 Where did injury occur? At home (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury Fell from a porch 4 1/2 ft high  
 Nature of injury Injury to ribs  
 24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) M. H. Moore \_\_\_\_\_, M. D.  
 Address Dearborn MO

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED  
District Health Officer No. 11,  
District File Number 140-1879  
Date Filed JAN 11 1940

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 *Vivian Collins Faust*

Licensed Embalmer No. *3947*

P. O. Address *Edgerton, 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.