V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1945

Registration District No. 53

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16529

Primary Registration District No. 3010

Registrar's No. 160

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Francis Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days) In this community 41 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape

(c) City or town Cape Girardeau (If outside city or town limits, write "RURAL")

(d) Street No. 828 So. Benton (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Lula M Catner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife Walter

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Dec (Month) 28 (Day) 1873 (Year)

8. AGE: Years 71 Months 5 Days 3 If less than one day ____ hr. ____ min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Richard Whittaker

13. Birthplace Cape County Mo (City, town, or county) (State or foreign country)

14. Maiden name Joan Garner

15. Birthplace Cape County Mo (City, town, or county) (State or foreign country)

16. (a) Informant Walter Catner

(b) Address Cape Girardeau Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-45 (Death) (Day) (Year)

(c) Place: burial or cremation Lorimier

18. (a) Signature of funeral director Jas G Hamrick

(b) Address Cape Girardeau Mo

19. (a) 6-5-45 (Date received by registrar) (b) A M Phelps (Registrar's signature)

1014

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 5 day 31 year 45 hour 2 minute 25 P. M.

21. I hereby certify that I attended the deceased from 5-31-45, 19____, to 5-31-45, 19____, that I last saw h alive on 5-31-45, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast (Carcinoma of Breast) Duration 4 Years

Due to Operation

Other conditions Hypothyroidism (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 48 hr

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A D Leech (M. D. or other)

Address Cape Girardeau Mo Date signed 6/6/45

RECEIVED

District Health Officer No. 4

District File Number 64-5-676

Date Filed 6-6-45

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cliffside

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.