

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

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38589

DEC 13 1939
Registration District No. 399

Primary Registration District No. 1602

Registrar's No. 4853

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Missouri
(c) Name of hospital or institution 7412 Flora
(d) Length of stay: In hospital or institution 14 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Kaw
(c) City or town Kansas City
(d) Street No. 7412 Flora

3. (a) PRINT FULL NAME Mrs. Catherine W. Cessna
(b) If veteran, name war No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 13th
year 1939 hour 6:10 PM minute P. M.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife J. Boone Cessna
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased June 13 1843

21. I hereby certify that I attended the deceased from Nov. 6, 1939, to Nov. 13, 1939; that I last saw her alive on Nov. 13, 1939; and that death occurred on the date and hour stated above.

8. AGE: Years 96 Months 5 Days 0
If less than one day hr. min.

Immediate cause of death Old Age - General Degeneration Cardiac
Due to 93C

9. Birthplace Erie County, Pennsylvania
10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)
Due to

MOTHER FATHER
11. Industry or business
12. Name Conrad Brown
13. Birthplace Erie County, Pennsylvania
14. Maiden name Elizabeth A. Barr
15. Birthplace Erie County, Pennsylvania
16. (a) Informant's own signature Reon B. Cessna

Major findings: Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

17. (a) burial (b) Date thereof 11/15/39
(c) Place: burial or cremation Mt. Moriah Cemetery
18. (a) Signature of funeral director R. V. Lindsey & Sons
(b) Address 3811 Broadway
19. (a) Nov 15 1939 (b) M. M. Brown

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(e) Means of injury
23. Signature [Signature] (M. D. or other)
Address 802 E. Base Date signed 11/14/39

FM Jones
S. V. Paro
2-5

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, only.

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Roscoe Keeler
Licensed Embalmer No. 3738
P. O. Address E. B. Ho

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.