

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 2701 Linwood Blvd.  
Mrs. Tate's Convalescent Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 weeks  
(Specify whether  
In this community 10 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2701 Linwood Blvd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? -- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st  
year 1940 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from  
3-6-40, 19, to 4-1-40, 19;  
that I last saw him alive on 4-1-40, 19;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cerebral hemorrhage

Due to 820  
Due to

Other conditions Hypostatic pneumonia  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy  
None

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? (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)  
(e) Means of injury !

23. Signature P. J. De Marna M.D. (M. D. or other)  
Supt. K. C. Gen. Hospital, K. C. Mo. Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME Mr. John A. Catt 320

3. (b) If veteran, name war Spanish American No. None 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mrs. Nancy Foley Catt 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased September 26 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 6 5 hr. min.

9. Birthplace Lima Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Writer N. Y. City

11. Industry or business American Historical Soc

12. Name Catt

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. N. J. Catt

(b) Address 3419 Dinkins Ave

17. (a) Cremation (b) Date thereof April 4, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) Apr. 4, 1940 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

General Hospital / Six wings - 1114 E. 9th St

11-9-3

**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

*O. Hervey Quisenberry*

Licensed Embalmer No.

*40700*

P. O. Address

*K. C. 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.**