S. No. 2
—11-10-39
7. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24162

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 2772

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: Wesley Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 Day (Specify whether years, months or days)

In this community: 35 Years

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.: 3314 Prospect Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

8. (a) PRINT FULL NAME: Mr. John Fulkerson Catterlin

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Tillie Catterlin

6. (c) Age of husband or wife if alive: 75 years

7. Birth date of deceased: February (Month) 9 (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	5	0	hr. ____ min.

9. Birthplace: Mount Jefferson (City, town, or county) Ohio (State or foreign country)

10. Usual occupation: Railway Postal Clerk

11. Industry or business: Retired

FATHER
12. Name: Hamilton B. Catterlin
13. Birthplace: (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name: Mary Jane Deye
15. Birthplace: (City, town, or county) Ohio (State or foreign country)

16. (a) Informant: Tillie Catterlin
(b) Address:

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-10-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Moriah Cemetery

18. (a) Signature of funeral director: W. H. Newcomer's Sons
(b) Address: 1401 Brush Creek Blvd.

19. (a) July 10, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1940 hour 11 minute 00 P.M.

21. I hereby certify that I attended the deceased from July 7, 1940 to July 9, 1940 that I last saw him alive on July 9, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Paralysis — Duration: 2 days

Due to: Cerebral hemorrhage

Due to: Old age

Other conditions: no
(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: no

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): no
(b) Date of occurrence: no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no
While at work? no (Specify type of place) (e) Means of injury: no

23. Signature: J. F. Mackey (M. D. or other)
Address: Kansas City, Mo. Date signed: 7-10-40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Mackey
Prof. Bldg
12-5.

Catterlin

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.