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MAILED OCT 11 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30926

Registration District No. 399

Primary Registration District No. 1002

Registrar's 8489

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 6 Hrs.
(Specify whether years, months or days)
In this community 6 hrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County _____
(c) City or town Randolph
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ Hrs _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3
year 1940 hour 12 minute 40 A. M.

21. I hereby certify that James the deceased from _____, 19____, to _____, 19____; that he was alive on _____, 19____; and that he did occur on the date and hour stated above.
Immediate cause of death _____

Acute gastro-enteritis

Due to _____ 11/9/40
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN
119
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) _____
(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 _____ (City or town) (County) (State)
Means of injury _____
23. Signature M. M. Brown (M. D. or other) _____
Address Kel. Mo. Date signed _____

3. (a) PRINT FULL NAME Nina Belle Catt

3. (b) If veteran, name war No 3. (c) Social Security No. none

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 2 1940
(Month) (Day) (Year)

8. AGE: Years 0 Months 5 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Randolph Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

MOTHER FATHER

12. Name John Catt

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

14. Maiden name Gertrude Bowker

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

16. (a) Informant John Catt
(b) Address 1625 Jefferson Kansas City Mo.

17. (a) Burial (b) Date thereof Sept-6-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mrs. E. R. Foster
(b) Address 918 Brooklyn

19. (a) Sept. 6, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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

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

Daniel C. Browning

Licensed Embalmer No. *2724*

P. O. Address *R. C. me*

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.