

FILED AUG 2 1944/49
Registration District No. _____

Primary Registration District No. **1002**

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

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:
3330 Baltimore
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **26 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **42**

(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL") **3**

(d) Street No. **3330 Baltimore**
(If rural, give location) **1**

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____ **0**

3. (a) PRINT FULL NAME **MRS. MARY ELIZABETH CATON**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **Thomas G.** 6. (c) Age of husband or wife if alive **48 years**

7. Birth date of deceased **November 16, 1889**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **17**
year **1944** hour **2** minute **10** A.M.

21. I hereby certify that I attended the deceased from **Sept 1943**
to **July 15 1944**

that I last saw her alive on **July 15 1944**
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	54	8	1	hr. _____ min.

Immediate cause of death **Heart failure 2 days**

Due to **Hodgkins Dis 6 yrs**

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

10. Usual occupation **Housewife**

Other conditions (Include pregnancy within 3 months of death) **44 lb**

11. Industry or business **Peter**

12. Name **John J. Brucher**

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

14. Maiden name **Elizabeth Dieder**

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

Major findings: Of operations _____

Of autopsy _____

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

16. (a) Informant **Thomas G. Caton**

(b) Address **3330 Baltimore**

17. (a) **Burial** (b) Date thereof **7/20/1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Quirk and Collins**

(b) Address **20 West Linwood Blvd.**

19. (a) **7-17-44** (b) **T. E. Brown**
(Date received local registrar) (Registrar's signature)

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? _____

(Specify type of place) _____

While at work? _____ (Specify type of place) _____

Means of injury _____

23. Signature **Charles Bernhardt** (M. D. or other) **MD**

Address **910 Chamberlayne** Date signed **7/17/44**

Ar. Bernhardt
Chambers Bldg

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.....*Charles M. Zwick*.....

Licensed Embalmer No.....*3774*.....

P. O. Address.....*Kansas City, 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, fact should be so stated above.