S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 5 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9060

Registration District No. 42 — Primary Registration District No. 1600 — Registrar's No. 341

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1809 So. 11th. St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 7 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 1809 So. 11th. St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph Albert Cathcart
3. (b) If veteran, name war None
3. (c) Social Security No. 707-16-6030
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pearl K. Cathcart
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased February (Month) 29 (Day) 1888 (Year)

8. AGE:	Years	Months	Days	If less than one day
	57	0	25	hr. min.

9. Birthplace Altamont (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Maintenance Department
11. Industry or business Rock Island Railroad
FATHER
12. Name James Cathcart
13. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)
MOTHER
14. Maiden name Sarah Snyder
15. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant Pearl K. Cathcart
(b) Address 1809 So. 11th. St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 26, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Ayr Cemetery (Altamont, Mo.)
18. (a) Signature of funeral director Herman Wm. Sydenfaden
(b) Address 1802 Union St., St. Joseph, Mo.
19. (a) 3-25-45 (Date received local registrar) (b) Helen I. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1945 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from Feb 28, 1945, to Mar 24, 1945 that I last saw him alive on Mar 23, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive Heart Disease	over 1 yr
Due to Hypertension Primary	Don't know
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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)
(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? (e) Means of injury
23. Signature E. M. Shores (M. D. or other) M.D.
Address 317 Kirkpatrick Bldg. St. Joseph Mo. Date signed 3-25-45

1371 (Licensed Embalmer's Statement on Reverse Side)

APR 20 1945

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 Keith Collier

Licensed Embalmer No. 3632

P. O. Address St Joseph M

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.