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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22858

State File No.

FILED AUG 13 1945

Registration District No. 149

Primary Registration District No. 1802

Registrar's No. 3255

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: St. Luke's Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 months (Specify whether

In this community 20 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48

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

(d) Street No. 3724 Broadway 8 (If rural, give location)

(e) Citizen of foreign country? no. 0 (Yes or No)

If yes, name country x

3. (a) PRINT FULL NAME Mrs. Josephine Gross Cather

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

3. (c) Social Security No. 486-05-7129

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Clarence E. Cather

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased July (Month) 22 (Day) 1900 (Year)

8. AGE: Years 45 | Months 0 | Days ~~11~~ 10 | If less than one day hr. min.

9. Birthplace Iowa (City, town, or county) 1 (State or foreign country)

10. Usual occupation Secretary

11. Industry or business x

FATHER
12. Name Nick Gross,
13. Birthplace Iowa (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Nannie -
15. Birthplace unknown, (City, town, or county) 9 (State or foreign country)

16. (a) Informant Clarence E. Cather,

(b) Address 3724 Broadway, Kansas City, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 8-4-45 (Month) (Day) (Year)

(c) Place: burial or cremation Ottumwa, Iowa

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 8-3-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2 year 1945 hour 11:10 minute P. M.

21. I hereby certify that I attended the deceased from June 1, 1945, to Aug 2, 1945 that I last saw her alive on Aug 2, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized carcinomatosis	1 mo
Due to Ca of cervix	3 mo
Due to 48a	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Ca of cervix	
Of autopsy	

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 0

23. Signature L. P. Engel (M. D. ~~or other~~)

Address Plaza Med Bldg Date signed 8-3-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Larry Engle

MAY 20 1952

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 .....

Licensed Embalmer No. 1415

P. O. Address .....

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.