

REC'D MAY 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13700

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson. Registration District No. 399
 (b) Township Kaw. Primary Registration District No. 1002 Registered No. 1680
 (c) City Kansas City, Mo. (d) Street No. 2017 Indiana Avenue, K.C. Mo. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Catherine Frances Lathrop, 361
 (a) Residence, No. 2017 Indiana Avenue, K.C. Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Irwin Lathrop

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29th, 1855
1854

7. AGE YEARS 82 MONTHS 9 DAYS 21 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

FATHER 13. NAME Christ Glahn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Tom Carroll,
(ADDRESS) 2017 Indiana, K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Joplin, Missouri DATE April 22, 38

19. FUNERAL DIRECTOR Mrs. C. L. Forster,
(ADDRESS) 918 Brooklyn Ave., K.C. Mo.

20. FILED Apr 21, 38 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20th, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/19/38, 19... 4/20/38, 19...
 I last saw her alive on 4/19/38, 19... Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis with hypertension

Date of onset

Other contributory causes of importance:

arteriosclerosis

Name of operation no Date of
 What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. Clapper, M. D.

(Address) 1103 Glahn

See affidavit in misc file D # 79 - 1938

Dr. Coffey.

12:30
Prof. Coffey 13 44

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)