

REC'D JAN 13 1939

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

42048

Do not use this space.

5114

Registered No. ....

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. Research Hospital 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 2 yrs. 6 mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Catherine D. Fadely

(a) Residence, No. 340 402 No. Denver 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 Fe. 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 Mr. Wm. Fadely

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
69 3 6

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) Meyersdale  
 (STATE OR COUNTRY) Penn.

13. NAME John A. Dietle

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

15. MAIDEN NAME Margaret Ritter

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

17. INFORMANT Mrs. H. L. Harrell  
 (ADDRESS) 402 No. Denver

18. ~~PLACE OF REMOVAL~~ REMOVAL PLACE Topeka Kansas DATE 12-31-38

19. FUNERAL DIRECTOR (NAME) Freeman Mortuary  
 (ADDRESS) 104 West 42 Street

20. FILED Dec 31, 1938 M. M. Brown  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1938, to December 30, 1938  
 I last saw her alive on December 30, 1938. Death is said to have occurred on the date stated above, at 10:15 P.M.  
 The principal cause of death and related causes of importance were as follows:

Coronary occlusion Date of onset Dec 28, 1938  
Arterial hypertension Date of onset June 1936  
 Other contributory causes of importance:

Other contributory causes of importance:

Name of operation none Date of no  
 What test confirmed diagnosis? EKG Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury no, 19.....  
 Where did injury occur? no  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify no  
 (Signed) Graham Asher, M. D.  
 (Address) 1220 Prof. Bldg.

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**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.....

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, above space should be left blank.**