

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

2582  
Do not use this space.

DEC 2 FEB 6 1939

**1. PLACE OF DEATH**

(a) *Jackson* Registration District No. *398*  
 (b) *Indep.* Primary Registration District No. *5554* Registered No. *21*  
 (c) *Independence* (d) Street No. *1905* *Horton* 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**

(a) Residence, No. *1905* *Horton* St.  (If nonresident, give city or town and State)  
 (Usual place of a home, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 16-1888*  
 7. AGE YEARS *50* MONTHS *11* DAYS *6* If LESS than 1 day, ..... hrs. or ..... min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Garbit Layer*  
 9. Industry or business in which work was done, as saw mill, bank, etc. *Bedroom*  
 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) *Clay County, Missouri*  
 13. NAME *Stephen Cathcard*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Clay Co, Missouri*  
 15. MAIDEN NAME *Edith Wrigley*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Clay Co, Missouri*  
 17. INFORMANT (ADDRESS) *Mrs. Marinda M. Cathcard 1905 Horton Indep. Mo*  
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Mt. Washington* DATE *Jan. 25 1939*  
 19. FUNERAL DIRECTOR (ADDRESS) *George C. Carson Independence, Mo.*  
 20. FILED *1-25* 19 *39* *F. D. Crook* Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 22 1939*  
 22. I HEREBY CERTIFY that I attended deceased from *Nov. 5 1939* to *Jan 22 1939*  
 I last saw him alive on *Jan 19 1939*. Death is said to have occurred on the date stated above, at *9:30 a.m.*  
 The principal cause of death and related causes of importance were as follows:  
*Coronary Occlusion* Date of onset *1/12/39*  
 Other contributory causes of importance:  
*Osteomyelitis of jaw*  
*Paroxysmal tachycardia*  
 Name of operation ..... Date of .....  
 What test confirmed diagnosis? *X* 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? *No*  
 If so, specify .....  
 (Signed) *Chas. S. ...* M. D.  
 (Address) *Independence, Mo*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 3 1945

**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.)**