

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.

REC'D JUN 8 1939

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

17741  
 Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 395  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. 2109 Benton Blvd. 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 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Catherine GOLDEN.  
 (a) Residence, No. 2109 Benton Blvd. 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Golden.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14, 1856

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
82	6	8	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 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) St. Louis Missouri.

FATHER 13. NAME John Morris  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

MOTHER 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT Mrs William Welch (Daughter)  
 (ADDRESS) 2109 Benton Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 5/24/39 19.

19. FUNERAL DIRECTOR (NAME) Melody-McGilley.  
 (ADDRESS) K. C. Mo.

20. FILED May 23 1939 M. M. Brown  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/22/39 19.

22. I HEREBY CERTIFY, That I attended deceased from 4/24/39, 19....., to 5/22/39, 19.....  
 I last saw h. w. alive on 5/21/39, 19..... Death is said to have occurred on the date stated above, at..... m.  
 The principal cause of death and related causes of importance were as follows:  
Senile deterioration  
cerebral thrombosis??  
 Date of onset 82 yrs

Other contributory causes of importance:

Name of operation no Date of.....  
 What test confirmed diagnosis? Chemical 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) M. M. Brown, M. D.  
 (Address) K. C. Mo.

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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.**