

APR 12 1940

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No.

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

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:
Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 days** (Specify whether
In this community **Since 1918** years, months or days)

3. (a) PRINT FULL NAME **James Ireland Caton 350**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **487-03-0147**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mrs. Ocie Caton** 6. (c) Age of husband or wife if alive **35** years

7. Birth date of deceased **Nov. 9th 1886**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | 53 | 3 | 25 | hr. min. |

9. Birthplace **Cooper County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Operator**

11. Industry or business **K. C. Public Service Co**

12. Name **Tom W. Caton**

13. Birthplace **Cooper County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Ann Jerriss**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ocie Caton**
(b) Address **4736 Holly**

17. (a) **Burial** (b) Date thereof **3/8/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Nelson, Missouri**

18. (a) Signature of funeral director **R. V. Lindsey & Sons**

(b) Address **3811 Broadway**

19. (a) **Mch 7, 1940** (b) **M. M. Browne**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **4736 Holly** (If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **4th**
year **1940** hour **10** minute **40** P. M.

21. I hereby certify that I attended the deceased from **Feb-20 - 1940** to **Mar-4 1940**
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho-pneumonia**
Acute Nephritis
Due to **Post Operative**
Due to _____

Duration
4 days
4 days

Other conditions (Include pregnancy within 3 months of death)

Major findings: **Central Hernia**
Of operations **repair**
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?

While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature **W. H. Pruet** (M. D. or other) _____
Address **106 W 14th St. KC. Mo.** Date signed **3/5/40**

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

Joseph H. Heeler

Licensed Embalmer No. *3738*

P. O. Address *W.C. Ho*

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.