

**MAY 15 1940** 399  
Registration District No.

1002  
Primary Registration District No.

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

**1. PLACE OF DEATH:**

(a) County Jackson,

(b) City or town Kansas City, MO  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1408 East 59th Street,  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether  
In this community Twenty Five Years (Specify whether  
years, months or days)

**3. (a) PRINT FULL NAME** Mrs. Catherine Glixman, 425

**3. (b) If veteran, name war** no.

**3. (c) Social Security No.** no.

**4. Sex** Female

**5. Color or race** White

**6. (a) Single, widowed, married, divorced** Married

**6. (b) Name of husband or wife** Harry Glixman,

**6. (c) Age of husband or wife if alive** 55 years

**7. Birth date of deceased** December 29 1882  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>57</u>	<u>3</u>	<u>22</u>	<u>hr. min.</u>

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

**10. Usual occupation** housewife

**11. Industry or business** X

**MOTHER FATHER**

**12. Name** Fred E. Hart,

**13. Birthplace** Germany, (City, town, or county) (State or foreign country)

**14. Maiden name** Augusta Luke,

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

**16. (a) Informant** Harry Glixman,

**(b) Address** 1408 East 59th St., K. C., Mo.

**17. (a)** Removal, (Burial, cremation, or removal)

**(b) Date thereof** 4-28-40 (Month) (Day) (Year)

**(c) Place: burial or cremation** Lincoln Center, Kansas

**18. (a) Signature of funeral director** Stine & McClure,

**(b) Address** 3235 Gillham Plaza, K. C., Mo.

**19. (a)** 4-22-1940 (Date received local registrar)

**(b)** M. M. Brown (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 limit: write "RURAL")

(d) Street No. 1408 East 59th Street,  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no. years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month April day 21st,  
year 1940 hour 11:30 minute . M.

**21. I hereby certify that I attended the deceased from** 4-11-40  
19, to 4-21, 1940;  
that I last saw her alive on 4-20, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 94 min

Due to Paroxysmal fibrillation

Due to Arteriosclerosis

Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)

**PHYSICIAN**

Major findings:  
Of operations \_\_\_\_\_

Of autopsy none

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)

**23. Signature** M. M. Brown (M. D. or other)

**Address** K. C. Mo. **Date signed** 4/22-40

Dr. Donald Black

---

---

**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.**