No. 2
4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 20 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24046
2585

Registration District No. 399 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH:
(a) County Jackson County
(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: Little Sisters of the Poor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years
In this community Two years (Specify whether years, months or days) L

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. 5331 Highland
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

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3. (a) PRINT FULL NAME Catherine King
3. (b) If veteran, name war —
3. (c) Social Security No. No
4. Sex F. 1
5. Color or race White
6. (a) Single, ~~widowed, married,~~ divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased about 1870 (Month) (Day) (Year)
8. AGE: Years 71 Months Days If less than one day hr. min.
9. Birthplace St. Joseph (City, town, or county) Mo. D (State or foreign country)
10. Usual occupation None
11. Industry or business
MOTHER FATHER
12. Name John King
13. Birthplace (City, town, or county) 9 (State or foreign country)
14. Maiden name Margaret Kelly
15. Birthplace (City, town, or county) 9 (State or foreign country)
16. (a) Informant Sister Camille
(b) Address 5331 Highland Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10 1941 (Month) (Day) (Year)
(c) Place: burial or cremation St Mary's Cemetery
18. (a) Signature of funeral director Zurkel & Robin
(b) Address
19. (a) 7/9/41 (Date received local registrar) (b) M M Crowe (Registrar's signature)
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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th year 1941 hour 9.45 minute a. M.
21. I hereby certify that I attended the deceased from Feb 7, 19.41., to July 8, 19.41.; that I last saw her alive on July 8, 19.41.; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cerebral Thrombosis 8 Hours
Due to Generalized Arteriosclerosis
Due to about 6 years
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy no

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature John T Skinner (M. D. or other) MD
Address 140 2 Bryant Bldg Date signed 7/9/41

(Licensed Embalmer's Statement on Reverse Side)

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 Harold Perry

Licensed Embalmer No. 4097

P. O. Address 20 W. Linwood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.