

Registration District No. 57

Primary Registration District No. 4092

Registrar's No. 151

1. PLACE OF DEATH:

(a) County Cass

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cass

(c) City or town Archie
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME James Williams Cathcart

8. (b) If veteran, ✓ name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2nd
year 1942 hour 11 minute 15 A. M.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married divorced

(b) Name of husband or wife Martha Cathcart

6. (c) Age of husband or wife if 43 years

7. Birth date of deceased March 22 1896
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

8. AGE: Years 46 Months 6 Days 10 If less than one day _____ hr. _____ min.

Immediate cause of death He was in car and struck by train. Car crushed skull fractured

Due to pressed unslightly

9. Birthplace Graham Co Kansas
(City, town, or county) (State or foreign country)

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1100 3

10. Usual occupation Farmer

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Lorans Wilbur Cathcart

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

14. Maiden name Cora Adams

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Martha Cathcart

(b) Address Archie MO

17. (a) Burial (b) Date thereof Oct. 4 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crescent Hill

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Struck by train

(b) Date of occurrence Oct 2 1942

(c) Where did injury occur near Archie Cass MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place Railroad Crossing
(Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director Atkinson Bros

(b) Address Archie MO

19. (a) Nov. 4, 1942 (b) Margaret Volle
(Date received local registrar) (Registrar's signature)

While at work? no

23. Signature E. M. Luff (M. D. or other) _____

Address Harwoodville Date signed Nov 3, 1942

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

MOTHER FATHER

1041

Coroner Cass Co

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 Hoyt Williams
Licensed Embalmer No. 3970
P. O. Address Hammoula Ma

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.