S. No. 2
M—5-42
v. 5-17-39
I—X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36143

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4212

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: K.C.General Hospital No.1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 3835 East 67th St.Terrace
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ----- 0

3. (a) PRINT FULL NAME Mr. John Henry Cato

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Anna Cullom Cato

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July (Month) 6 (Day) 1862 (Year)

8. AGE: Years 80 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Little Rock (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Retired 10 Years

11. Industry or business Express Messenger

FATHER
12. Name John Henry Cato
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Sarah Ann Wills
15. Birthplace Little Rock (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant Mrs. Anna Cullom Cato
(b) Address 3835 East 67th St. Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov.12,1942 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director D. H. Newcomers Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 11-12-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10th year 1942 hour 6 minute 55 A.M.M.

21. I hereby certify that I attended the deceased from 11-6-42, 19__, to 11-10-42, 19__; that I last saw him alive on 11-10-42, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE; BURNS OF BACK DUE TO FALLING AGAINST REGISTER IN HOME AND SENILE PSYCHOSIS

Due to

Due to 83a

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

Duration

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 Henry R. Thom (M. D. or other)

Address Med.Dir.K.C.Gen.Hospital Date signed

(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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address Como

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, fact should be so stated above.