

FILED DEC 18 1942
Registration District No. 749

Primary Registration District No. 1002

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 St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Days
In this community 3 Years (Specify whether years, months or days)

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. 2828 Harrison
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Catherine Madden

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 Widow

6. (b) Name of husband or wife Thomas C. Madden 6. (c) Age of husband or wife if alive *** years

7. Birth date of deceased February 16th. 1942/867
(Month) (Day) (Year)

8. AGE: Years 67 Months 9 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business George Moralee

12. Name George Moralee

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

14. Maiden name Sarah Ann Buston

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

16. (a) Informant Mr. George Madden

(b) Address 2828 Harrison

17. (a) Removal (b) Date thereof 12-5-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Missouri

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address Kansas City, Missouri

19. (a) 12-5-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4
year 1942 hour 2 minute A M.

21. I hereby certify that I attended the deceased from 12-3-
1942 to 12-4, 1942

that I last saw her alive on Dec. 3, 1942

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

Immediate cause of death Hodgkin's Disease Duration _____

Due to 44B

Due to _____

Other conditions Left Ventricular Failure
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Above diagnosis

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 [Signature] (M. D. or other) _____

Address KC MO Date signed 12/4/42

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

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 *Gayle C. Browning*
Licensed Embalmer No. *2724*
P. O. Address *71-C 2nd*

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.