10445

S. No. 2
M—9-4-41
5-17-39
LED APR 15 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 73

48
4
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Independence Sanitarium 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community February 16th, 1943
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson 4
(c) City or town Independence. 4
(If outside city or town limits, write "RURAL")
(d) Street No. 24 Highway & Kiger Road.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Sadye Butler Katschkowsky
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife L.H. Katschkowsky
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased October 4th, 1894
(Month) (Day) (Year)

8. AGE: Years 48 Months 5 Days 6 If less than one day hr. min.

9. Birthplace Opolis, Crawford, Kansas 1
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name John Butler
13. Birthplace Iowa. 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Jennie
15. Birthplace Boseman, Montana. 1
(City, town, or county) (State or foreign country)
16. (a) Informant Mr. L.H. Katschkowsky
(b) Address 24 Hgwy & Kiger Rd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/43
(Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cemetery
18. (a) Signature of funeral director Cato & Speaks
(b) Address Independence, Mo.
19. (a) 3-12-1943 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1943 hour 12 minute 45 P.M.
21. I hereby certify that I attended the deceased from Feby. 16, 1943
, 19 to March 10, 1943
that I last saw her alive on March 10, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis Bilateral	15 yrs
Due to	
Due to	
Other conditions X (Include pregnancy within 3 months of death)	
Major findings: Of operations X	
Of autopsy X	

13 b'

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 Chas. A. Trabaso, MD (M. D. or other)
Address Independence, Mo. Date signed 3/12/43

(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 me

Registered Apprentice No.

working under my personal supervision.

Signed Poland P. Speake

Licensed Embalmer No. 3604

P. O. Address Independence Mo

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.