

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1259

1. PLACE OF DEATH:

(a) County Jackson

(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:  
419 E. 47 th  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether  
In this community 65 Yr's years, months or days)

3. (a) PRINT FULL NAME Mrs. Katherine J. Trader

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Fem / 5. Color or race Wh

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

6. (b) Name of husband or wife James R. Trader

6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased March 6 1860  
(Month) (Day) (Year)

8. AGE: 88 Years 0 Months 11 Days  
If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business No

MOTHER FATHER { 12. Name \_\_\_\_\_ 9

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Mrs. McDonald, P.A.

(b) Address 419 E. 47 th

17. (a) Burial (b) Date thereof 3-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director Stine & McClure

(b) Address K. C. Mo.

19. (a) 3-20-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town K. C., Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 419 E. 47 th  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17  
year 1948 hour 11:15 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 11-4 1945 to 3-17 1948  
that I last saw her alive on 3-16 and that death occurred on the date and hour stated above.

Immediate cause of death Ca of Pridley face 5 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 53  
(Include pregnancy within 3 months of death)

Major findings: none

Of autopsy none

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 J. V. Deal (M. D. or signat)  
Address 209 Plaza Date signed 3-19-48

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

*Prof. M. M. M. M.*

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**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..... *Robert W. Reed* .....

Licensed Embalmer No. *3745* .....

P. O. Address *D. C. 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.**