

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15070

State File No. _____

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 116

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:
118 East Farmer
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 42 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Independence
(If outside city or town limits, write "RURAL")
 (d) Street No. 118 East Farmer
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME John T. Cave
 3. (b) If veteran, None name war _____
 3. (c) Social Security No. None

4. Sex Male 5. Color or race Col.
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Fannie Cave
 6. (c) Age of husband or wife if alive 77 years
 7. Birth date of deceased July 31 1855
(Month) (Day) (Year)

8. AGE: Years 84 Months 8 Days 17
 If less than one day hr. _____ min. _____

9. Birthplace Lone Jack Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: _____
 12. Name Elijah Cave
 13. Birthplace Ky.
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah
 15. Birthplace N. C.
(City, town, or county) (State or foreign country)

16. (a) Informant Fannie Cave
 (b) Address 118 East Farmer

17. (a) burial (b) Date thereof 4/19/40.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn
 18. (a) Signature of funeral director Hattkins Bros.
 (b) Address 1729 Lydia

19. (a) April 1940 (b) F. L. Cook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 17th
 year 1940 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from April 17 to April 16 1940
 that I last saw him alive on April 16 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
 Due to _____
 Due to _____

Other conditions Coronary Artery Disease
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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?
360 While at work? _____ (e) Means of injury _____
 23. Signature L. R. Pfeiffer (M. D. _____)
 Address Seneca Hardware Store Date signed 4-19-40

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

J. Jerome Manlove

Licensed Embalmer No.

3994

P. O. Address

1120 E 23rd St

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.