

JUL 15 1940 STANDARD CERTIFICATE OF DEATH

State File No. 20662

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2279

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

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. Luke's Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Unknown,
In this community Unknown,
years, months or days (Specify whether)

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. 432 East 47th Terrace,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? NO years.

3. (a) PRINT FULL NAME James R. Nave, 100

8. (b) If veteran, name war _____ 3. (c) Social Security No. NO.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married,

6. (b) Name of husband or wife Elizabeth R. Nave, 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased December 24, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 5 7 hr. min. 0

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

10. Usual occupation Broker,

11. Industry or business X

12. Name James McCord Nave,

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

14. Maiden name Annie English,

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

16. (a) Informant Mrs. Elizabeth R. Nave,

(b) Address 432 East 47th Terrace, K. C., Mo.

17. (a) Burial, (b) Date thereof 6-3-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery,

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

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) June 3, 1940 (b) M. M. Orrome
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st,
year 1940 hour 12:05 minute A. M.

21. I hereby certify that I attended the deceased from June 15, 1940, to June 1, 1940
that I last saw him alive on May 31, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung Duration 12 Mths.

Due to 47

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Carcinoma of Lung

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) (a) Means of injury _____

23. Signature Lawrence G. Engel (M. D. or other) _____

Address Plaza Med Bldg Date signed 6-3-40

Dr. Engle,

Plaza Medical Bldg

2 to 5.

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.....

Dwight Towner Jr Registered Apprentice No. 222
working under my personal supervision.

Signed E. M. Plouffe

Licensed Embalmer No. 1848

P. O. Address K. 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, above space should be left blank.