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23159

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3710

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:
931 East 11th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 30 years
years, months or days

3. (a) PRINT FULL NAME William Cecil Caughey

3. (b) If veteran, name war None 3. (c) Social Security No. 492-13-00

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

6. (b) Name of husband or wife Roberta Caughey 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased: Dec. 25 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 8 27 hr. min.

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

10. Usual occupation Actor

11. Industry or business Theatres

MOTHER FATHER { 12. Name William Caughey

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

14. Maiden name Not known

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

16. (a) Informant Mrs. Roberta Caughey.

(b) Address 931 East 11th Street.

17. (a) Burial (b) Date thereof 9 24 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address 2332 Monitor Place, K. C. Mo.
9-24-40

19. (a) _____ (b) M. B. Brown
(Date received local registrar) (Registrar's signature)

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. 931 East 11th Street.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day 9-27-40
5 year _____ hour _____ minute 7:45 M.

21. I hereby certify that Deceased the deceased from _____
to _____ 19____;
that Deceased alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Acute pulmonary congestion

Chronic myocardial infarction

Old coronary occlusion

Other conditions _____
(Include pregnancy within 5 months of death) 94B

Major findings: _____

Of operations _____

Of autopsy Yes

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? _____

23. Signature Victor H. Miller (M. D. or other) _____
Address 16-L-100 Date signed _____

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.....

Blaine E. Weiler
4075

Licensed Embalmer No.....

P. O. Address.....

2332 Monitor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.