

No. 2  
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17-39  
X23159

FILED MAY 16 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 13615

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1596

1. PLACE OF DEATH: **Jackson**  
(a) County Kansas City  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1322 Paseo, 2nd F. South  
(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  
48  
3  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1322 Paseo, 2nd F. S.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Fannie Cavanaugh  
3. (b) If veteran, None name war  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 20th  
year 1941 hour 4 minute A. M.

4. Sex Fe 3 5. Color or race Col  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Albert Cavanaugh alive 53 years  
6. (c) Age of husband or wife if  
7. Birth date of deceased November 27, 1889  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 14th  
1939 to April 7th, 1941,  
that I last saw her alive on April 7th, 1941,  
and that death occurred on the date and hour stated above.

8. AGE: Years 51 Months 4 Days 23  
If less than one day hr. min.

Immediate cause of death Coronary thrombosis due to coronary sclerosis.  
Duration

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

Due to 9/4  
Due to 9/4  
Other conditions (include pregnancy within 3 months of death)

10. Usual occupation  
11. Industry or business  
12. Name Thomas Lewis  
13. Birthplace Mo  
(City, town or county) (State or foreign country)  
14. Maiden name Marian Lewis  
15. Birthplace Mo.  
(City, town or county) (State or foreign country)

Major findings:  
Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Albert Cavanaugh  
(b) Address 1322 Paseo, 2nd F. S.  
17. (a) burial (b) Date thereof 4/24/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Highland Cemetery  
18. (a) Signature of funeral director Starkins Bros.  
(b) Address 1729 Lydia  
19. (a) Apr 23-1941 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury  
23. Signature George C. Lee (M. D. or other)  
Address 1630 Prof. Bldr., K.C., Mo Date signed 4-23-41

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

*Lawrence Monlowe*

.....  
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, fact should be so stated above.**