

FILED JUN 30 1943
Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 2726

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:
2712 Cypress Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 93 Years (Specify whether years, months or days)

In this community 93 Years (Specify whether years, months or days)

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. 2712 Cypress Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME Mr. James Nave

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife. MRS. Betty E. Nave

6. (c) Age of husband or wife if alive. 81 years

7. Birth date of deceased. September 1 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>93</u>	<u>9</u>	<u>13</u>	hr. min.

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

10. Usual occupation Livery Business - Retired

11. Industry or business and Former City Employee

MOTHER FATHER {

12. Name Thomas Nave

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

14. Maiden name Sarah E. Profit

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

16. (a) Informant Mrs. Betty E. Nave

(b) Address 2712 Cypress

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 6-17-43
(Month) (Day) (Year)

(c) Place: burial or cremation Lees Summit, Missouri

18. (a) Signature of funeral director D. H. Newcomer's Son

(b) Address 1401 Brush Creek Blvd.

19. (a) 6-16-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14th
year 1943 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 6, 1943 to June 14, 1943
that I last saw him alive on June 14, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. Uremia Duration 2 days

Due to Bright's disease years

Arterio sclerosis

Due to Septic

Chronic Myocardial Degeneration

Other conditions. ---
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: ---

Of operations ---

Of autopsy ---

12/18

12/18

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 Robert Jansen (M. D. or other M.D.)
Address 2220 E 31st St. Date signed 6-15-43

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

2-7
2220 East 31st Street

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..... *K.C. Newcomer Jr*
Licensed Embalmer No. *4043*
P. O. Address..... *K.C. No.*

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.