

**FILED SEP 28 1943**  
 Registration District No. **179**

Primary Registration District No. **1002**

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: General Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 12 days  
 (Specify whether  
 In this community 2 Weeks  
 years, months or days)

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

4. Sex Male 5. Color or Race White  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 29, 1943  
 (Month) (Day) (Year)

8. AGE: Years Months Days 2 12 If less than one day hr. min.

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

10. Usual occupation Child  
 11. Industry or business

MOTHER FATHER

12. Name James L. Cave  
 13. Birthplace Venita, Okla.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Marie Williams  
 15. Birthplace Pleasant Hill, Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Marie Cave  
 (b) Address 3415 Morrell

17. (a) Removal Sept. 12, 1943  
 (Burial, cremation, or removal) (Date thereof) (Month) (Day) (Year)  
 (c) Place: burial or cremation General Hospital, Okla.

18. (a) Signature of funeral director C. H. Blackman & Son  
 (b) Address Kansas City, Mo.

19. (a) 9-12-43 (b) J. E. Brown, Dep.  
 (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. 3415 Morrell  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Sept. day 11th  
 year 1943 hour 12 minute 10 P. M.  
 21. I hereby certify that I attended the deceased from August 29th, 1943 to Sept. 11, 1943;  
 that I last saw him alive on Sept. 11th, 1943;  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Cystic Fibrosis of Pancreas  
 Due to Pulmonary Edema  
 Due to infection / 28

Other conditions (include pregnancy within 3 months of death)  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration  
 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?  
 (Specify type of place)  
 While at work \_\_\_\_\_ Means of injury \_\_\_\_\_  
 23. Signature Wm. R. Thorn (M. D. or other)  
 Address Gen'l Hosp. Date signed 9-11-43

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**