

State File No.

Registrar's No. 6

FILED NOV 29 1943

Registration District No.

Primary Registration District No. 4242

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Lone Jack
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
In town - 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 78 yr.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Lone Jack
(If outside city or town limits, write "RURAL")
(d) Street No. In town -
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME

Rebecca Ann Cave

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9th
year 1943 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from June
1942 to Nov 9th, 1943

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Henry C Cave 6. (c) Age of husband or wife if alive 7 years
7. Birth date of deceased Jan. 9 - 1865
(Month) (Day) (Year)

that I last saw him alive on Nov 9th, 1943; and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 10 Days 0 If less than one day hr. min.

Immediate cause of death Cerebral hemorrhage
Due to Endocarditis

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

Due to
Other conditions (Includes pregnancy within 3 months of death) 922

10. Usual occupation Home

Major findings: Of operations
Of autopsy
PHYSICIAN 922
Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name Nathan Hunt
13. Birthplace N.C.
(City, town, or county) (State or foreign country)
14. Maiden name Martha Com
15. Birthplace Mo
(City, town, or county) (State or foreign country)

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?

16. (a) Informant Elmer C Cave
(b) Address Lone Jack Mo RR1
17. (a) Burial (b) Date thereof 11-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lone Jack, Mo

23. Signature John C. Blader D.D. (M. D. or other)
Address Lone Jack, Mo. Date signed 1/14/43

18. (a) Signature of funeral director W.B. Langford
(b) Address Lee's Summit Mo
19. (a) Nov 12 1943 (b) Mrs. Clifford Hunt
(Date received local registrar) (Registrar's signature)

1140

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

Paul

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.....

W. B. Langford

Licensed Embalmer No.

3833

P. O. Address.....

Leeb Summit

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.