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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 22 1945

State File No. 26367

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3295

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: 2312 E 14 St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2312 E-14 St 8
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME George W. Cavender

3. (b) If veteran, name war no

3. (c) Social Security No. 510-07-8131

4. Sex M O

5. Color or race Wh

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

6. (b) Name of husband or wife Nina Cavender

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Apr (Month) 8 (Day) 1889 (Year)

8. AGE:	Years	Months	Days	If less than one day
	56	3	26	hr. min.

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

10. Usual occupation Labor

11. Industry or business Sheffield Steel

FATHER
12. Name Charley Cavender
13. Birthplace (City, town, or county) no Record (State or foreign country)

MOTHER
14. Maiden name Jane — no Record
15. Birthplace (City, town, or county) no Record (State or foreign country)

16. (a) Informant Mrs Nina Cavender
(b) Address 2312-E-14th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mrs C. L. Forster
(b) Address 918 Brooklyn K.C. Mo.

19. (a) 8-6-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4
year 1945 hour 6 minute a. M.

21. I hereby certify that I attended the deceased from Feb 15, 1945, to Aug 4, 1945
that I last saw him alive on Aug 3, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Mitral Regurgitation

Due to .....

Due to .....

Other conditions Chronic Interstitial Nephritis
(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? ..... (e) Means of injury .....

23. Signature Harry M. Dugay (M. D. ~~or other~~)
Address 1401 Prospect Date signed 8-4-45

(Licensed Embalmer's Statement on Reverse Side)

14th & Prospect Ave
4 PM
Pa 2-3-23
Bearnett Bldg

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 Cort Hand Minor

Licensed Embalmer No. 3414

P. O. Address 918 Brooklyn

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.

K Ohio