

S. No. 2
M-2-43
5-17-39
X35697

FILED JAN 21 1948
Registration District No. _____

Primary Registration District No. 1002

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

100240

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:
5131 BELLEFONTAINE /
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution _____ (Specify whether)
In this community 14 MONTHS
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. 5131 BELLEFONTAINE
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. FINETTE JANE CABLE
3. (b) If veteran, name war No
3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month DEC day 23
year 1945 hour 1 minute 30 A.M.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife DANIEL CABLE
6. (c) Age of husband or wife if alive years 9
7. Birth date of deceased SEPT. 9 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from DEC 10
1945 to DEC 22 1945
that I last saw her alive on DEC 22 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 86 Months 3 Days 14
If less than one day _____ hr. _____ min.

Immediate cause of death: Bronchial Pneumonia
Due to Influenza
Duration 7 days

9. Birthplace APPLETON WISCONSIN
(City, town, or county) (State or foreign country)

Other conditions: Anemia
(Include pregnancy within 3 months of death)

10. Usual occupation AT HOME

MOTHER FATHER
11. Industry or business AT HOME
12. Name JOHN FROST
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name ELIZA UNKNOWN
(City, town, or county) (State or foreign country)
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

Major findings: Of operations 330
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. J. P. Logan
(b) Address 5131 Bellefontaine
17. (a) REMOVAL (b) Date thereof DEC 24 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation OHIO, MO.

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?

18. (a) Signature of funeral director D W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 12-24-45 (b) A. Waldine Holmes
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature J. E. Ball (M. D. or other)
Address 1102 E. 47 Date signed _____

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..... *Edward Horkley*

Licensed Embalmer No. *1767*

P. O. Address..... *Kansas City*

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.