

FILED MAY 26 1947

State File No. **17347**
Registrar's No. **2087**

Registration District No. **149**

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 No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Robert Steven Cazaux

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Ma 5. Color or race Wh

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

6. (b) Name of husband or wife XX

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

7. Birth date of deceased March 26 1947
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>1</u>	<u>13</u>	hr. min.

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

10. Usual occupation XX

11. Industry or business

MOTHER FATHER { 12. Name No Record

{ 13. Birthplace " "

{ 14. Maiden name Julia Cazaux

{ 15. Birthplace Festus Mo.

16. (a) Informant St. Town's Home for Infants

(b) Address 3210 E. 23rd St.

17. (a) Burial (b) Date thereof 5-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's

18. (a) Signature of funeral director J. W. Wagner

(b) Address Kansas City, Mo.

19. (a) 5-12-47 (b) Thereldine Holmes
(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. 3210 E. 23rd St.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1947 hour 7 minute 11 P. M.

21. I hereby certify that I attended the deceased from May 5, 1947, to May 9, 1947
that I last saw him alive on May 9, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Vegetative endocarditis

Due to _____

Due to _____

Other conditions al
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: Of operations

Of autopsy See above

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? U

23. Signature Wm W. Hart (Specify type of place) (M. D. or other)
Address Med. Dir. Gen'l Hosp. Date signed 5-10-47

In Disinfectant

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..... *Cecil R. Matthes*

Licensed Embalmer No. *3807*

P. O. Address. *Kansas City, Mo*

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.