FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 23 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31136
Registrar's No. 3863

Registration District No. 149 — Primary Registration District No. 1002

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 #2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 22 DAYS (Specify whether years, months or days)
In this community: 25 YEARS

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. 1231 PASEO (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: ALBERT CAVANAUGH
3. (b) If veteran, name war: No
3. (c) Social Security No.: Unk.
4. Sex: MALE 2
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Widower 2
6. (b) Name of husband or wife: Unknown
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: DECEMBER (Month) 31 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
66	8	7	hr. min.

9. Birthplace: PARSONS (City, town, or county) KANSAS (State or foreign country) 1
10. Usual occupation: BAR TENDER
11. Industry or business:
FATHER 12. Name: EDGAR CAVANAUGH
13. Birthplace: KENTUCKY (City, town, or county) (State or foreign country) 1
MOTHER 14. Maiden name: ELOISE FRENCH
15. Birthplace: KENTUCKY (City, town, or county) (State or foreign country) 1
16. (a) Informant: ALBERT CAVANAUGH
(b) Address: 1231 Paseo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/11/47 (Month) (Day) (Year)
(c) Place: burial or cremation: HIGHLAND Lincoln Cemetery
18. (a) Signature of funeral director: Wathena Bus
(b) Address: 1729 Lydia
19. (a) 9-10-47 (Date received local registrar) (b) Ethaldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 8 year 1947 hour 2 minute 20 A. M.
21. I hereby certify that I attended the deceased from AUGUST 18, 1947 to SEPTEMBER 8, 1947; that I last saw him alive on SEPTEMBER 8, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: HYPERTENSIVE HEART DISEASE WITH DECOMPENSATION
Due to:
Due to:
Other conditions: OLD CEREBRO-VASCULAR ACCIDENT (Include pregnancy within 3 months of death)
Major findings:
Of operations: 93d
Of autopsy:

Duration

PHYSICIAN — Underline the cause of 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) Manner of injury: 0
23. Signature: (M. D. or other)
Address: 600 E. 22d Date signed:

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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.....L. Jerome Manfone

Licensed Embalmer No.....3994

P. O. Address 2503 Highland

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.