

No. 2
2-45
17-39
X47070

FILED DEC 9 1947

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: K. C. T. B. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 mo. 14 days
In this community see above
years, months or days

3. (a) PRINT FULL NAME CAVINESS, JOE SHERMAN

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

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife DOROTHY COLLINS CAVINESS 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased October 3 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 1 26 hr. min.

9. Birthplace CAMDENTON, CAMDEN CO. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name Caviness, George
13. Birthplace CAMDEN COUNTY Mo.
14. Maiden name Walters, Charity
15. Birthplace CAMDEN COUNTY Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant K. C. T. B. Hospital
(b) Address Leeds, Mo.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof Nov. 30, 1947
(Month) (Day) (Year)
(c) Place: burial or cremation DECATORVILLE, MISSOURI

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 11-29-47 (Date received local registrar) (b) Geraldine Holmes (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. 2410 Charlotte
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29
year 1947 hour 11 minute 10 P. M.

21. I hereby certify that I attended the deceased from May 1947, to 11-29-47, 1947
that I last saw him alive on 11-29, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tbc. Duration 2 yr.

Due to
Due to

Other conditions diabetes, active
(Include pregnancy within 3 months of death)

Major findings: Of operations 15N
Of autopsy

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?

While at work? (Specify type of place) (c) Means of injury 0
23. Signature William David May (M. D. or other) M.D.
Address K. C. 3 Mo. Date signed 11-29-47

WRITE PLAINLY—USE 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 Melvin Miller
Licensed Embalmer No. 4407
P. O. Address K. C. 3, 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.