

DEC 19 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

39424

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 3 404  
 (b) Township Kaw Primary Registration District No. 5558 Registered No. 90  
 (c) City Kansas City (d) Street No. Armour Memorial Home St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

100 McBae Cave  
 (a) Residence, No. Armour Memorial Home St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carrie R. Cave

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 21, 1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
90 0 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Stock Buyer  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

FATHER 13. NAME Belfried Cave

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Cramora Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Armour Memorial Home Records  
 (ADDRESS) 81st & Wornall Road, Kansas Cy.

18. BURIAL, CREMATION, OR REMOVAL Forest Hill Cemetery  
 PLACE Kansas City, Missouri Nov. 30, 1938

19. FUNERAL DIRECTOR (NAME) Stine & McClure  
 (ADDRESS) Kansas City, Missouri

20. FILED: 12-3- 1938 R. V. Lindsay Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 - 1936 to Nov 28 - 1938

I last saw him alive on Nov 26, 1938 Death is said to have occurred on the date stated above, at 10:30 m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Arterio - Sclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury, 19...  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify:  
 (Signed) C. P. Outrell M. D.  
 (Address) 636 W. Myrtle St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**