

FILED JUN 7 1943 / 49  
 Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Kansas City Mo  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3018 E-27th Home  
(If not in hospital or institution, write street number and location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community 25 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri County Jackson **48**  
 (b) City or town Kansas City **3**  
(If outside city or town limits, write "RURAL")  
 (c) Street No. 3018 East 27th Street **8**  
no rural, give location  
 (d) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country no

3. (a) PRINT FULL NAME Lydia E. Cage  
 3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 28  
 year 1943 hour 10 minute 30 A.M.

4. Sex Fe / 5. Color or race Wh  
 6. (g) Single, widowed, married, divorced, Widowed  
 6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive 14 years 1858  
 7. Birth date of deceased: May (Month) 14 (Day) 1858 (Year)

21. I hereby certify that I attended the deceased from Apr 6 1943 to May 28 1943  
 that I last saw her alive on May 25 1943  
 and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 0 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
 9. Birthplace Iowa (City, town, or county) (State or foreign country)

Immediate cause of death Cerebral hemorrhage Duration 52 days

10. Usual occupation Home  
 11. Industry or business \_\_\_\_\_  
 12. Name Daniel Michael  
 13. Birthplace Ohio (City, town, or county) (State or foreign country)  
 14. Maiden name Nancy Davis  
 15. Birthplace Ohio (City, town, or county) (State or foreign country)

Due to arterio sclerosis  
 Due to 830  
 Other conditions Senility  
(Include pregnancy within 3 months of death)  
gangrene of toes

16. (a) Informant Charles Cage  
 (b) Address 3018 East 27th St  
Removal  
 17. (a) (Burial, cremation, or removal) Grimes Iowa (b) Date thereof 5 31 43  
(City or town) (State) (Month) (Day) (Year)  
 (c) Place: burial or cremation Eylar Funeral Home  
 18. (a) Signature of funeral director 1800 Linwood  
 (b) Address \_\_\_\_\_  
 19. (a) 5-29-43 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 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)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature Robert Jayson (M. D. or other) MD  
 Address 2220 E 27th St Date signed 5-28-43

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

Dr Jansen 2220 East 31

~~1815~~ 1815

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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..... *Chas E Wilks* .....

Licensed Embalmer No... *2644* .....

P. O. Address... *1800 Linwood* .....

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.