

FILED NOV 21 1945

State File No. _____

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 301

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

48
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1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 hours
(Specify whether in this community 35 years years, months or days)

3. (a) PRINT FULL NAME ARTHUR V. CAUGER

(b) If veteran, name war none

(c) Social Security No. none

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Nina Cauger

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased: July 6 1878
(Month) (Day) (Year)

8. AGE: Years 67 Months 3 Days 21
If less than one day hr. min.

9. Birthplace: Peru Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Advertising Film Distributor

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Nina Cauger

(b) Address Rte 5 Indep, Mo

17. (a) burial (b) Date thereof 10 31 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion Cemetery

18. (a) Signature of funeral director J. C. Carson Funeral Home

(b) Address Independence Mo

19. (a) 10-28-45 (b) James Ross
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Rural Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. Route #5 43rd & Blue Ridge
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27
year 1945 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Tamponade

Due to Acute Pericardium

Due to Dissecting Aneurysm of aorta

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

Major findings: Of operations _____

Of autopsy yes - as above

Duration _____

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 James Ross (M. D. or other) _____
Address 1824 S. Jefferson St. Indep, Mo Date signed 10-20-45

MAR 1 1955

MAY 25 1948

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

George A. Larson

Licensed Embalmer No. 2249

P. O. Address Independence 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.