

FILED JUN 10 1946

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **2367**

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: **St. Joseph's Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 1/2 days**
(Specify whether years, months or days)

In this community **2 1/2 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Clinton**

(c) City or town **(Rural) Lathrop, Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Florence Cavender**

3. (b) If veteran, name war. **no**

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **28**
year **1946** hour **6:58** minute **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.

4. Sex **71** 5. Color or race **W**

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

6. (b) Name of husband or wife **Charles Cavender**

6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **6 1905**
(Month) (Day) (Year)

Immediate cause of death **1st + 2nd degree Burns**

Due to **Toxic Myocarditis**

Due to **Toxic Hepatitis**

Other conditions **18 1/5**
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
40	5	22	hr. _____ min. _____

9. Birthplace **Plattsburg Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

MOTHER

11. Industry or business _____

12. Name **James preston**

13. Birthplace **plattsburg mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Maude Walters**

15. Birthplace **platte County mo**
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy **yes - as above**

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mervey E. Baber**

(b) Address **1220 Greely, K.C. Kans**

17. (a) **Burial** (b) Date thereof **5 30 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **platt. Mo**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident**

(b) Date of occurrence **5-25-1946**

(c) Where did injury occur? **Lathrop, Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Home

18. (a) Signature of funeral director **De Moss Crunk**

(b) Address **Lathrop Mo**

19. (a) **5-28-46** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

While at work? **yes** (Specify type of place) **Home explosion**

(c) Means of injury _____

23. Signature **Jannet Baker** (M. D. or other) **M. Corum**

Address **1424 W. 14th** Date signed **5-28-46**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
15467

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 De Moss Brunk
Licensed Embalmer No. 2533
P. O. Address Patrol, 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.