

No. 2  
M-5-43  
7. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16586**  
Registrar's No. **2231**

**FILED** MAY 27 1946  
2749

Registration District No. \_\_\_\_\_ Primary Registration District No. **1002**

1. PLACE OF DEATH: **Jackson**

(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: **General #1 0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 Days** (Specify whether)

In this community **4 Years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson 48**

(c) City or town **Kansas City** **3**  
(If outside city or town limits, write "RURAL")

(d) Street No. **407 E 9th** **8**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Hiram G. Caverly**

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

3. (c) Social Security No. **492-26-0805**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **17**  
year **1946** hour **4** minute **45 P.M.**

4. Sex **male** 5. Color or race **white**

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

6. (b) Name of husband or wife **Emma B.** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **June 30th 1865**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **May 13**, 19 **46** to **May 17**, 19 **46**  
that I last saw him alive on **May 17**, 19 **46**  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

**80 10 17** hr. min.

Immediate cause of death **Post Operative hemorrhage**

Due to **transurethral resection**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **1375**

9. Birthplace **West Shefford Canada 1**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Store Keeper**

PHYSICIAN

Major findings: **transurethral resection**

Of operations **transurethral resection**

Of autopsy **None**

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **John Caverly**

{ 13. Birthplace **Canada 2**  
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Emma Lewis**

{ 15. Birthplace **Canada 2**  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant **Herbert L. Caverly**

(b) Address **2026 N. Lewis Place, Tulsa, Okla.**

17. (a) **Removal** (b) Date thereof **5 - 18 - 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Jefferson City, Mo.**

23. Signature **Wm W. Hart** (M. P. or other) **5-17-46**  
Address **Med. Dir. Gen'l Hosp.** Date signed \_\_\_\_\_

18. (a) Signature of funeral director **Freeman Mortuary & Chapel**

(b) Address **104 West 42nd Street**

19. (a) **5-18-46** (b) **Stallard Holmes**  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

*Embalmed*

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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..... *Emmanuel Wedelir*

Licensed Embalmer No. *3495*

P. O. Address *F. C. 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.**