

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1007**
Registrar's No. **176**

FILED JAN 27 1948
Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(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:
904 E. 19th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **none**
(Specify whether years, months or days)

In this community **40 years**

3. (a) PRINT FULL NAME **Jesse E. CAUGER**

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

3. (c) Social Security No. **487-05-2547**

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

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

6. (b) Name of husband or wife **Beulah Cauger**

6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **August 4, 1872**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	5	8	7 hr. 7 min.

9. Birthplace **Indianapolis, Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Auditor**

11. Industry or business **McCray, Inc.**

12. Name **James Cauger**

13. Birthplace **Marion Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Kate Wampler**

15. Birthplace **Dayton Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Beulah Cauger**

(b) Address **1611 E. 35th St., K.C., Mo.**

17. (a) **Burial** (b) Date thereof **1-15-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral home **Melody-McGilley-Eylar**
Kansas City, Missouri

(b) Address **1-13-48** (c) **Thelma Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. **1611 E. 35th Street**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **12**
year **1948** hour **9** minute **A.** M.

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

Immediate cause of death **Coronary sclerosis**

Due to **arteriosclerosis**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **93rd**

Major findings: Of operations _____

Of autopsy **no history of angina**

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) (c) Means of injury _____

23. Signature **James W. [unclear]** (M. D. or other) _____
Address **1424 Prof. Holly** Date signed **1-12-48**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MAY 21 1948

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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 Russell W. France
Licensed Embalmer No. 4255
P. O. Address K @ 7MO

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.