V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33473

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4373

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: Rose Berrymore Rest Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community 91 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City 999
(If outside city or town limits, write "RURAL")
(d) Street No. 4800 Brown 14
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME VOADEN, JANE CADE
3. (b) If veteran, name war — no.
3. (c) Social Security No. None
4. Sex He 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife unk.
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Feb (Month) 5 (Day) 1848 (Year)

8. AGE: Years 96 Months 8 Days 25 If less than one day hr. min.

9. Birthplace Ohio 1
(City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name Thomas R. Cade
13. Birthplace Ohio 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Thomas Maltby 1
(b) Address 4800 Brown KC Kansas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-1-44 (Month) (Day) (Year)
(c) Place: burial or cremation Leavenworth Kansas
18. (a) Signature of funeral director R. A. Fulton
(b) Address Kansas City Kansas
19. (a) 10-30-44 (Date received local registrar) (b) M. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30th year 1944 hour minute M.
21. I hereby certify that I attended the deceased from Oct. 10th, 1944 to Oct. 30th, 1944 that I last saw her alive on October 29th, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	36 hr
Due to Senility	
Due to	
Other conditions myocarditis (Include pregnancy within 3 months of death)	3
Major findings: Of operations — 108	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature V. W. Farrell (M.D. or other) DO
Address 406 Wirthman Bldg Date signed 10-30-44

(Licensed Embalmer's Statement on Reverse Side)

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 R A Helton

Licensed Embalmer No. 3503

P. O. Address Ke Kansas

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.