No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38044

FILED NOV 24 1947

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 4611

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

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 Lukes Hosp. (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 8 hrs (Specify whether

In this community 8 hrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

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

(d) Street No. 618 West 40th (If rural, give location) 8

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

If yes, name country 0

3. (a) PRINT FULL NAME Baby Girl Cades

3. (b) If veteran, name war no

3. (c) Social Security No. none.

4. Sex Fe 1

5. Color or race Wh

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. 2 1947 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 8 hr. min.

9. Birthplace Kansas City Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation None infant

11. Industry or business

FATHER
12. Name Dick Cades
13. Birthplace Iowa (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Edna C. Ballew
15. Birthplace Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Dick Cades
(b) Address 618 West 40th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 4 47 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director [signature]
(b) Address 7406 Wornall Rd.

19. (a) 11-4-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 2nd day 1947 year hour 11 P.M. minute M.

21. I hereby certify that I attended the deceased from Nov 2nd 47, 19, to Nov 2 1947, 19; that I last saw her alive on Nov 2 47, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prematurity Birth 5½mo.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 151	
Major findings: Of operations	
Of autopsy Prematurity - 5½mo	

PHYSICIAN

Underline the cause of 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 0

23. Signature Paul J. Preston (M. D. or other) MD

Address St Lukes Hosp RC Mo Date signed 11-3-47

Jefferson City Printing Co.

(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 Kenneth R. Roye, Registered Apprentice No. 63, working under my personal supervision.

Signed Harlyn Roe

Licensed Embalmer No. 2810

P. O. Address 17, E. 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.