V. S. No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 7 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 112476

Registrar's No. 1716

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: Menorah
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4/18/48 4/20/48 (Specify whether years, months or days)
In this community 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1404 Madison
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mr. Elmer Cady
3. (b) If veteran, name war no
3. (c) Social Security No. 496-09-7765
4. Sex M.
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Minnie Cady
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased December 2 1886 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
61	4	13	hr. min.

9. Birthplace Sullivan Co., Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Columbia Steel Tank Co.
11. Industry or business
12. Name John Cady (Father)
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Julia Pfeiffer (Mother)
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Minnie B. Cady wife
(b) Address 1404 Madison Mo.
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 4-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hawkeye Cem.
18. (a) Signature of funeral director Glenn E. Kent & Son
(b) Address Green City, Mo.
19. (a) 4-20-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1948 hour 1 minute 10 P.M.
21. I hereby certify that I attended the deceased from Jan. 1946, 19..., to April 20, 1948, that I last saw him alive on April 20, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Arterio sclerosis	
Due to Hypertension	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Hemorrhage in left cerebral hem with cerebral malacia	

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 L. M. Sherfey (M. D. or other) MD
Address 1 W Post Bldg Date signed 4-20-48

(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 Glenn E. Kent

Licensed Embalmer No. 1769

P. O. Address Green City, 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.