

FILED DEC 4 1944
Registration District No. 779

Primary Registration District No. 1002

Registrar's No.

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:
2632 EAST 7TH STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 1
In this community... 60 YEARS
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State... MISSOURI (b) County... JACKSON

(c) City or town... KANSAS CITY 47
(If outside city or town limits, write "RURAL")

(d) Street No... 2632 EAST 7TH STREET
(If rural, give location)

(e) Citizen of foreign country? N.O. (Yes or No)
If yes, name country... U

3. (a) PRINT FULL NAME MRS. MATTIE A. QUADE

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

3. (c) Social Security No... NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 18TH
year 1944 hour 4 minute 0.5 A.M.

4. Sex FEMALE

5. Color or race... WHITE

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

6. (b) Name of husband or wife... MR. THOMAS N. QUADE

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

7. Birth date of deceased... OCTOBER 14 - 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 9, 1943, to 11-18, 1944
that I last saw her alive on 11-17, 1944
and that death occurred on the date and hour stated above.

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

87 1 4 hr. min.

Immediate cause of death... Lobar pneumonia 5 days
Due to... Coronary disease 1 yr

9. Birthplace... HARDIN MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation... AT HOME

Other conditions... (Include pregnancy within 3 months of death)

Major findings: 108

Of operations...
Of autopsy...

11. Industry or business...
12. Name... UNKNOWN RAY G.
13. Birthplace... UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name... UNKNOWN
15. Birthplace... UNKNOWN
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant... OKLAHOMA CITY OKLAHOMA
(b) Address... Th. S. Quade

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof... 2002-44
(Month) (Day) (Year)
(c) Place: burial or cremation... Forest Hill

18. (a) Signature of funeral director... D. H. Newcomer, Inc.
(b) Address... 1401 BRUSH CREEK BLVD.

19. (a) 11-20-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

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? _____ (or) Means of injury... _____

23. Signature... Allen L. Hearsh (M. D. or other)
Address... 1100 Prof Bldg Date signed... 11-18-44

Professional Body

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 Ernie M. Calhoun
Licensed Embalmer No. 3506
P. O. Address Kemo

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.