

2
3-40
7-39
X23153

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30913**
3476
Registrar's No.

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution:
1415 Paseo 1st Floor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 years**
In this community **6 years**
years, months or days

3. (a) PRINT FULL NAME **Major Bailey**
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **M** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Annie Bailey** 6. (c) Age of husband or wife if alive **43** years
7. Birth date of deceased **October 15 1892**
(Month) (Day) (Year)

8. AGE: Years **47** Months **10** Days **17** If less than one day hr. min.

9. Birthplace **Albany Georgia**
(City, town, or county) (State or foreign country)
10. Usual occupation **Farmer**

11. Industry or business
12. Name **Squire Bailey**
13. Birthplace **Albany Georgia**
(City, town, or county) (State or foreign country)
14. Maiden name **Clara**
15. Birthplace **Georgia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Luvia Gowder**
(b) Address **1119 Brooklyn**
17. (a) **burial** (b) Date thereof **9/6/40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Blue Ridge Lawn**
18. (a) Signature of funeral director **Natkin**
(b) Address **1729 Lydia**
19. (a) **Sept. 5, 1940** (b) **M. M. Brown**
(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. **1415 Paseo, 1st Floor**
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **9** Day **2** Year **40**
hour minute **8P** M.

21. I hereby certify that I attended the deceased from **9-2-40** to **9-2-40**, 19...
that I **personally** attended and that death occurred on the date and hour stated above.
Immediate cause of death **Neuropenic Cardiac**

Other conditions (Include pregnancy within 3 months of death)
Due to **Diabetes, Arteriosclerosis of Aorta**
Major findings: Of operations **96**
Of autopsy

PHYSICIAN **96**
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?
While at work (Specify type of place) (e) Means of injury **5**
23. Signature **Queller** (M. D. or other)
Address Date signed

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

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 *Isaac Jerome Maylor*

Licensed Embalmer No. *3994*

P. O. Address *1120 E. 23rd*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.