

JAN 8 1940

State File No.

399

Primary Registration District No. 1002

Registrar's No.

5029

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:
2533 Cleveland Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 year
years, months or days

3. (a) PRINT FULL NAME

Sadie E Bailey

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

3. (c) Social Security _____

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Widow
(b) Name of husband or wife Jefferson Bailey 6. (c) Age of husband or wife if alive _____ years
Birth date of deceased Feb 17 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name David S. Pollack

13. Birthplace Newcastle Pa. (City, town, or county) (State or foreign country)

14. Maiden name Sarah M. Coen
15. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. E. Logsdon

(b) Address 2533 Cleveland Ave

17. (a) Burial (b) Date thereof 1-4-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blackwell Oklahoma

18. (a) Signature of funeral director John S. ...

(b) Address 79 ... Kansas City

19. (a) 12-61-40 (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. 2533 Cleveland Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 31 - 40
year _____ hour _____ minute 32 P M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocardial Infarction
Due to Dilation of the Heart
Other conditions (include pregnancy within 3 months of death) 95%

Duration

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____

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? E

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Russell J. ... (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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.