

No. 2  
4-13-40  
5-17-39  
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FEB 18 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1141  
Registrar's No. 101

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:  
1013 Woodland Avenue  
(d) Length of stay: In hospital or institution 54 years  
In this community 54 years

3. (a) PRINT FULL NAME John Bailey

3. (b) If veteran, name war ---- 3. (c) Social Security No. No

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Pearl Bailey 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Feb. 14, 1865

8. AGE: Years 75 Months 10 Days 24 If less than one day hr. min.

9. Birthplace Ashley, Missouri

10. Usual occupation Laborer

11. Industry or business -----

MOTHER FATHER { 12. Name William Bailey  
13. Birthplace Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown

16. (a) Informant Bruno Woss  
(b) Address 407 Oakland Ave., K. C. K.

17. (a) Burial (b) Date thereof Jan. 19 1941

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Alice Bailey  
(b) Address 2065 N. 5th Street, Kans. City

19. (a) Jan 8, 1941 (b) M. M. Cozart

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 1013 Woodland Avenue  
(e) If foreign born, how long in U. S. A. ? ----- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7, year 1941 hour 11 minute 55 M.

21. I hereby certify that I attended the deceased from Jan 7 to Jan 7, 1941; that I last saw him alive on Jan 7, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (apoplexy)  
Due to -----  
Due to -----  
Other conditions g30  
(Include pregnancy within 3 months of death)

Major findings: -----  
Of operations -----  
Of autopsy -----

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? -----  
(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 -----  
23. Signature P. P. Reardon (M. D. or other) -----  
Address 1830 Vine K.C. Mo

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

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 E. H. Stevens

Licensed Embalmer No. 3836

P. O. Address 119 W. Stevens

**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.**