

Registration District No. **3.99**

Primary Registration District No. **1002**

Registrar's No. **879**

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:
3509 E. 67th / 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
In this community 7 days
years, months or days (Specify whether)

3. (a) PRINT FULL NAME FRANK-MEEKER-BAILY

3. (b) If veteran, name war ✓ 8. (c) Social Security No. 490-16-3441

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

6. (b) Name of husband or wife Ala Darnall Bailey 6. (c) Age of husband or wife-if alive 67 years

7. Birth date of deceased April 1 1873
(Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 1 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Theodore F. Bailey

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

14. Maiden name Alma Elizabeth Wagoner

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Alma Darnall Bailey
(b) Address 3509 E. 67th KC, Mo.

17. (a) Buried (b) Date thereof Mar. 4. 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waverly, Mo.

18. (a) Signature of funeral director Black Agent
(b) Address Raytown, Mo.

19. (a) 3/3/41 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Johnson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 miles S of Denton
(If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1941 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb 26
1941, to March 2, 1941;
that I last saw him alive on March 2, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Intentional obstruction Duration ?

Due to Carcinoma of sigmoid ?

Due to 11/16

Other conditions 46 J
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Carcinoma of sigmoid with general metastasis thru out abdomen 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) no
(b) Date of occurrence no
(c) Where did injury occur? no
(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 ?

23. Signature W. S. Waterbury (M. D. or other)
Address 214 B. 1st St. Ray Date signed 3/2/41

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

48
3
8

C

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.....

Charles H. Heger

Licensed Embalmer No. 3983

P. O. Address Raytown 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 licensc.)

If this body is not embalmed, above space should be left blank.