No. 2
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X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20678

Registration District No. 399 · Primary Registration District No. 1002 · Registrar's No. 2208

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: Lakeside Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 20 yrs

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.: 3421 Troost
(If rural, give location): 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Lucretia Caroline Baley

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: Femal

5. Color or race: Whit

6. (a) Single, widowed, married, divorced: Divorced

6. (b) Name of husband or wife: Benj. W. Baley

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

7. Birth date of deceased: June (Month) 23 (Day) 1868 (Year)

8. AGE: Years 72 | Months 11 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: at Home

11. Industry or business: .....

MOTHER FATHER

12. Name: Peter Smith

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

14. Maiden name: M. Matilda Click

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

16. (a) Informant: Mrs Ruth Allen

(b) Address: 4402 Highland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 9-1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt Moriah

18. (a) Signature of funeral director: Mrs C R Forster

(b) Address: 918 Brookside

19. (a) June 9 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 8 year: 1941 hour: 5 minute: 30 a. M.

21. I hereby certify that I attended the deceased from June 5th, 1941, to June 8th, 1941, that I last saw h. alive on June 7th, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: arteriosclerosis — Duration: 3 years

Due to: Diabetes Mellitus — Duration: 3 years

Due to: 61 61

Other conditions: Diabetic Gangrene — Duration: 10 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN

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 .....

23. Signature: J. E. Everett (M. D. or other)

Address: 105 Crondale Date signed: June 9th

(Licensed Embalmer's Statement on Reverse Side)

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 Gerald F. Wade

Licensed Embalmer No. 4-1972

P. O. Address K. C. Mo

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

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