

No. 2
-1-4-41
5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27451

State File No. _____

FILED SEP 12 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3109

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2717 Peery
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 15 Yrs / (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City Mo. ?
(If outside city or town limits, write "RURAL")
(d) Street No. 2717 Peery (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17
year 1941 hour 12 minute 29 A.M.

21. I hereby certify that I attended the deceased from Aug 10
1941 to Aug 17 1941
that I last saw h. a alive on Aug 16 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral
dementia Senile
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: None
Of operations _____
Of autopsy None
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 L
(c) Where did injury occur? L (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 Ralph J. Gray MD (M. D. or other) P
Address 4800 E 24 Date signed 8-17-41

3. (a) PRINT FULL NAME Lucy M. Bafford
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widow
6. (b) Name of husband or wife William Bafford 6. (c) Age of husband or wife ll
alive _____ years
7. Birth date of deceased Jan 1 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 7 16 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name William Case
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth
15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Bafford
(b) Address 2815 Peery

17. (a) Removal (b) Date thereof Aug 19 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico Missouri

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

(b) Address 918 Brooklyn

19. (a) 8/18/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Keith Perry
4800 - B-24 -
will call when in name for
the license and certificate
to be will sign

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Ch. Wise
Licensed Embalmer No. 2570
P. O. Address K C Me

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.