

FILED APR 1 1942
Registration District No. **1029**

Primary Registration District No. **1022**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
4838

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **K.C. General Hospital No. 1**
(d) Length of stay: In hospital or institution **26 days**
In this community **20 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **2729 Van Brunt Blvd.**
(e) Citizen of foreign country? **0**

3. (a) PRINT FULL NAME **LULA BAILEY**
3. (b) If veteran, name war **—** 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **11th** year **1942** hour **12** minute **20 P.** M.
21. I hereby certify that I attended the deceased from **2-13-42** to **3-11-42** that I last saw him **er** alive on **3-11-42** and that death occurred on the date and hour stated above.

4. Sex **fe** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **widow**
6. (b) Name of husband or wife **John H** 6. (c) Age of husband or wife if alive **—** years
7. Birth date of deceased: **Aug 14, 74**

Immediate cause of death: **Carcinoma of breast with metastases**
Due to **50**
Other conditions: **None**

8. AGE: Years **67** Months **76** Days **27** If less than one day **1** hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **same**

12. Name **Joseph Daugherty**
13. Birthplace **Okla**
14. Maiden name **Matilda Bailey**
15. Birthplace **Okla**

16. (a) Informant **Hazel Bailey** (b) Address **2729 Van Brunt**

17. (a) **Burial** (b) Date thereof **3/13/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenlawn Cem**
18. (a) Signature of funeral director **Ernest Mayberry**
(b) Address **2315 Dunwoody**
19. (a) **Mar 13 1942** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

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? **—**

While at work? (Specify type of place) (f) Means of injury **—**
23. Signature **Dwain R. Thorn** (M. D. or other) **—**
Address **Med. Dir. K.C. Gen. Hospital K.C., Mo.**

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..... *Roy E Snow*.....
Licensed Embalmer No. *2560*.....
P. O. Address..... *2315 Linwood*.....

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.