

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1096

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: 222 W. 16 ST. Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 20 years
years, months or days)

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. 222 West 16 street
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Anna May Bailey

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Samuel Bailey 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

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

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

10. Usual occupation House wife

11. Industry or business House wife

MOTHER FATHER
12. Name Unknown 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Samuel Bailey
(b) Address 222 West 16 street

17. (a) Burial (b) Date thereof 5-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home

18. (a) Signature of funeral director Steinbacher

(b) Address 3146 Main St.

19. (a) 5-23-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1942 hour 2 minute 20 P. M.

21. I hereby certify that I attended the deceased from 1935 to 1942
that I last saw Deputy Coroner on 5-23-42
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Coronary Sclerosis
Due to
Due to

Other conditions 93 II
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 3

23. Signature Russell (M. D. or other) 3
Address Date signed

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

48
3

48
3

1414-1046

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.....

F. J. Steubacher

Licensed Embalmer No..... 3930.....

P. O. Address..... Kansas City 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 license.)

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