

FILED JUL 3 1942

State File No. ....

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2417

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:  
General Hospital No. 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. 3-13-42-6-18-42  
(Specify whether years, months or days)  
 In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jack son 48  
 (c) City or town Kansas City 5  
(If outside city or town limits, write "RURAL") 8  
 (d) Street No. 1228 Michigan  
(If rural, give location) 0  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country .....

3. (a) PRINT FULL NAME ELIJAH BAILEY

3. (b) If veteran, name war ..... 3. (c) Social Security No. 710

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased. October 19 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 7 28 hr. min.  
30

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

10. Usual occupation Unemployed

MOTHER FATHER

11. Industry or business .....  
 { 12. Name Anderson Bailey  
 { 13. Birthplace Alabama  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Julia Wedlow  
 { 15. Birthplace Texas  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Rural (b) Date thereof 6 23 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem.

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th St. N. C. Mo.

19. (a) 6-23-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18  
 year 1942 hour 1 minute 55 a. m.

21. I hereby certify that I attended the deceased from March 13 1942 to June 18 1942  
 that I last saw him alive on June 18 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Congestive Heart Failure Duration

Due to Hypertensive type heart disease with decompensation

Due to .....  
 Other conditions 93 D  
(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 U

23. Signature [Signature] (M. D. or other)  
 Address Gen. Hosp. #2 - 618622 Date signed 6-19-42

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

**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.....

*Edwin Evans*

Licensed Embalmer No. *3836*

P. O. Address.....

**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.**