S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16805

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 2226

FILED JUN 7 1943

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: 702 Indiana (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 60 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 702 Indiana (If rural, give location) 8

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country ____

3. (a) PRINT FULL NAME ALICE ELIZABETH BAILEY

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Harriman

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

7. Birth date of deceased Oct. 8, 1849 (Month) (Day) (Year)

8. AGE: Years 93 | Months 7 | Days 4 | If less than one day ____ hr. ____ min.

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

10. Usual occupation Homemaker

11. Industry or business None

FATHER
12. Name Harvey McCafferty
13. Birthplace ____ (City, town, or county) New Jersey (State or foreign country)

MOTHER
14. Maiden name Imogene St. John
15. Birthplace ____ (City, town, or county) Vermont (State or foreign country)

16. (a) Informant Miss Zoe Bailey

(b) Address 702 Indiana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address Kansas City, Mo.

19. (a) 5-14-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th year 1943 hour 10:00 minute A M.

21. I hereby certify that I attended the deceased from June 1934, 19__, to May 12th, 1943 that I last saw her alive on May 11th, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis — Duration several years

Due to 93 A

Due to Senility

Other conditions (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? — (Specify type of place)

While at work? — (e) Means of injury —

23. Signature Dr. S. D. Ramey (M. D. or other) DO

Address 900 Benton Date signed 5-13-43

361 (Licensed Embalmer's Statement on Reverse Side) Ch 5391

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.....

Licensed Embalmer No.....

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.