No. 2
1-13-40
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X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20224

State File No.

FILED JUL 8 1943

Registration District No. 149

Primary Registration District No. 1602

Registrar's No. 2823

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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: 6444 Chestnut
(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: 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson
(c) City or town: Kansas City. Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.: 6444 Chestnut
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Bertha Alice Bailey
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: F.
5. Color or race: White
6. (a) Single, widowed, married, divorced: Mar.
6. (b) Name of husband or wife: Lynn Bailey
6. (c) Age of husband or wife if alive: 42 years
7. Birth date of deceased: March (Month) 14 (Day) 1906 (Year)

8. AGE: Years	Months	Days	If less than one day
37	3	29	hr. min.

9. Birthplace: Pleasant Hill. Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:

MOTHER FATHER
12. Name: Clark Thorpe
13. Birthplace: Pleasant Hill .Mo. (City, town, or county) 0 (State or foreign country)
14. Maiden name: Bertha Johnson
15. Birthplace: Ill. (City, town, or county) / (State or foreign country)

16. (a) Informant: Lynn Bailey
(b) Address: 6444 Chestnut
17. (a) ~~Burial~~ (Burial, cremation, or removal) (b) Date thereof: 6/25/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Hill .Mo.
18. (a) Signature of funeral director: A. W. Brownfield
(b) Address: Pleasant Hill. Mo.
19. (a) 6-24-43 (Date received by local registrar) (b) P. E. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1943 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from 6/20, 1941, to 6/23, 1943, that I last saw him alive on June 9, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinomatosis	1 yr
Due to: Carcinoma of Left Breast	2 1/2 yrs
Due to: 50	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operation: Carcinoma of Left Breast	
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: [illegible] (M. D. or other)
Address: 1103 Grand Ave. Date signed: 6/24/43

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

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. V. Feist
Parkman Ave

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 By me On June 23-43, Registered Apprentice No. working under my personal supervision.

Signed 3785 Allen Brown Feli

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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