

Registration District No. 149

Primary Registration District No. 1002

48
33
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: 3516 Summit St. Christian Convalescent Home 11
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year - 6 mos.
(Specify whether years, months or days) 50 years

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. 308 N. 67th Street
(If rural, give location)
(e) Citizen of foreign country? 50 years (Yes or, No) Yes
If yes, name country _____

3. (a) PRINT FULL NAME

Mrs. Jane Bailey

(b) If veteran, name war None

(c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased October - 26 - 1849
(Month) (Day) (Year)

8. AGE: Years 97 Months 9 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business At Home

MOTHER FATHER

12. Name Williams

13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harold J. Day

(b) Address 308 N. 67th Street

17. (a) Burial (b) Date thereof Aug 12, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washburn Cemetery

18. (a) Signature of funeral director J. H. Kewenow's Sons

(b) Address 11 - S. E. Brown

19. (a) 8-10-44 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10 year 1944 hour 10 minute 40 M

21. I hereby certify that I attended the deceased from August 7 to August 9, 1944; that I last saw her alive on August 7, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration 5 1/2 mos
hypertension of face
lung cancer

Due to _____

Due to _____

Other conditions 5-3
(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? _____

(e) Means of injury _____ (Specify type of place)

23. Signature Harold J. Day (M. D. or other) _____

Address 619 Poplarwood Alley Date signed 8/10/44

Dr. Herbert Mantz
619 Prof. Bldg.
21.0840

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..... *Emile M. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address *K.C. 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.