V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33018

State File No.

FILED OCT 24 1944

Registration District No. 119

Primary Registration District No. 1002

Registrar's No. 4002

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: 714 Tracy
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City 4
(If outside city or town limits, write "RURAL")

(d) Street No. 714 Tracy
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME SARAH BALEY

3. (b) If veteran, name war No.

3. (c) Social Security No. 486-03-8634

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Clarence A. Baley

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

7. Birth date of deceased May (Month) 19 (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
57	4	15	hr. min.

9. Birthplace Wright County, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Wm. Allen
13. Birthplace Indiana
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name M. Barnett
15. Birthplace Wright County, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Clarence A. Baley
(b) Address 714 Tracy

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/7/44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Oscar A. Samuelson
(b) Address 3146 Main K.C. Mo

19. (a) 10-6-44 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct day 4
year 1944 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from 9-18-44, 19__, to 10-4, 1944
that I last saw her alive on 9-28, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the Uterus

Due to

Due to

Other conditions 48 b
(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature W. M. Negro M.D. (M. D. or other)

Address 925 Argyle Bldg. Date signed 10-6-44

(Licensed Embalmer's Statement on Reverse Side)

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 Oscar Samuelson

Licensed Embalmer No. 3002

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.