

V. S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

FILED APR 17 1945
Registration District No. 199

Primary Registration District No. 1002

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:
15th and Baltimore
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no.
(Specify whether years, months or days)

In this community since 1900

3. (a) PRINT FULL NAME m Joseph Simeon Bailey

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

3. (c) Social Security No. no.

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Mrs. May B. Bailey

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

7. Birth date of deceased November 7 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>4</u>	<u>21</u>	hr. min.

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

10. Usual occupation Retired

11. Industry or business X

MOTHER FATHER

12. Name Unknown,

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

14. Maiden name unknown,

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

16. (a) Informant Mrs. May B. Bailey,

(b) Address 122 E. 43rd St., Kansas City, Mo.

17. (a) Burial (b) Date thereof 3-31-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 3-29-45 (b) J. Holmes
(Date received local registrar) (Registrar's signature)

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. 122 East 43rd Street,
(If rural, give location)

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

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th
year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from March 25, 1940 to March 28 1945;
that I last saw him alive on October 28, 1944 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Coronary sclerosis.

Due to _____

Other conditions 94a
(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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. P. [Signature] (M. D. or other) M. D.

Address K. C. 2 Mo. Date signed 3/29/45

*Med. Pleur
Blair*

Dr. Boughnau

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

[Signature]
.....
Licensed Embalmer No. *1415*
P. O. Address. *190111*

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.