. S. No. 2
M—9-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JAN 31 1946

State File No. 1163

Registration District No. 179 Primary Registration District No. 1002 Registrar's No. 153

820

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: General Hospital #2 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12/1/'45-1/9/'46 (Specify whether
In this community About 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4455 Main 8
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Favol Bailey

3. (b) If veteran, name war no

3. (c) Social Security No. 478-05~~0~~5256

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mable Bailey

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased February - 11 - 1905
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
40	10	28	hr. min.

9. Birthplace Cherryvale (City, town, or county) Kansas 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Van Bailey
13. Birthplace (City, town, or county) Texas 1 (State or foreign country)

MOTHER
14. Maiden name Mattie Knox
15. Birthplace (City, town, or county) Texas 1 (State or foreign country)

16. (a) Informant Mrs. Myrtle Landis
(b) Address 516 W. 3rd. St., Cherryvale, Kan.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-11-46 (Month) (Day) (Year)
(c) Place: burial or cremation Cherryvale, Kan.

18. (a) Signature of funeral director E. Sterling Bills
(b) Address 1212 Vine St., K.C., Mo.

19. (a) 1-11-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan- day 9
year 1946 hour 8 minute 5 P. M.

21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia

Due to Fracture of Skull Right Parietal area.

Due to

Other conditions (hit by some blunt instrument)
(Include pregnancy within 3 months of death)

Major findings:
Of operations 168
Of autopsy No-Post.

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) ~~Accident~~ Homicide
(b) Date of occurrence 1-9-46
(c) Where did injury occur? K.C. Jackson - Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On street - 19th & Troost - Wa (Specify type of place)
While at work? No (e) Means of injury Deputy Coroner

23. Signature J. Williams (M. D. or other)
Address 2636 - Brooklyn Date signed 1-11-46

(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 E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 Vine 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.