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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36855

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4915

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 No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hrs. 15 mins. (Specify whether years, months or days)
In this community 20 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. 514 W. 13 St.
(If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sarah Alice Bail
3. (b) If veteran, name war no.
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Earl
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased DECEMBER 4 1892 (Month) (Day) (Year)
8. AGE: Years 53 Months 11 Days 18 If less than one day hr. min.
9. Birthplace England (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Round
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 Mr Earl Bail
(b) Address 514 West 13th
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-46 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hills
18. (a) Signature of funeral director Quirk + Tobin
(b) Address 20 W Linwood
19. (a) 11-13-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22 year 1946 hour 11 minute A. M.
21. I hereby certify that I attended the deceased from Nov. 1 22, 1946, to Nov. 22, 1946, that I last saw her alive on Nov. 22, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Pontine hemorrhage-Cardiac hypertrophy-Hypertension
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 7 5c
Of autopsy See above

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 0
23. Signature W. W. Hart (M. D.) Prior to death 11-22-46
Address Med. Dir. Gen'l Hosp. Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr. Hull

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 John J. Conroy

Licensed Embalmer No. 4424

P. O. Address.....

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.