

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
BUREAU OF THE VITAL STATISTICS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **969**  
Registrar's No. **113**

Registration District No. **149** 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: 330 Garfield  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community 15 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. 330 Garfield  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Robert Edward Bayse

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

**3. (c) Social Security** No. 403-10-3778

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Jan day 10 year 1947 hour 11 minute 30 A.M.

**21. I hereby certify that I attended the deceased from** 11/27/47 to Jan 10, 1947

that I last saw him alive on Jan 8, 1947 and that death occurred on the date and hour stated above.

**4. Sex:** MD **5. Color or race:** W

**6. (a) Single, widowed, married, divorced:** married

**6. (b) Name of husband or wife:** Aurora Bayse

**6. (c) Age of husband or wife if alive:** 65 years

**7. Birth date of deceased:** 6 22 1879  
(Month) (Day) (Year)

**Immediate cause of death:** Coronary artery disease **Duration:** 2 yrs

**Due to:** \_\_\_\_\_

**Due to:** \_\_\_\_\_

**Other conditions:** 40%  
(Include pregnancy within 3 months of death)

**8. AGE:** 67 Years 6 Months 18 Days If less than one day hr. min.

**9. Birthplace:** Louisville Kentucky  
(City, town, or county) (State or foreign country)

**10. Usual occupation:** Carpenter

**11. Industry or business:** \_\_\_\_\_

**12. Name:** Granville Bayse

**13. Birthplace:** Kentucky  
(City, town, or county) (State or foreign country)

**14. Maiden name:** Sarah

**15. Birthplace:** Kentucky  
(City, town, or county) (State or foreign country)

**16. (b) Informant:** Aurora Bayse

**(b) Address:** 330 Garfield

**17. (a) (Burial, cremation, or removal):** 1-10-47 **(b) Date thereof:** 1-10-47  
(Month) (Day) (Year)

**(c) Place: burial or cremation:** Louisville Ky

**18. (a) Signature of funeral director:** Mrs. C. E. Borater

**(b) Address:** X - C. Mo

**19. (a) (Date received local registrar):** 1-10-47 **(b) (Registrar's signature):** Steldine Holmes

**PHYSICIAN**

Major findings: \_\_\_\_\_

Of operations: none

Of autopsy: none

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? \_\_\_\_\_

**23. Signature:** W. H. ... M.D. (M. D. or other)

**Address:** 1503 Washington Blvd. **Date signed:** 1/10/47

**While at work? (Specify type of place) (c) Means of injury:** 0

Dr. H. H. H. H.  
1303  
Walden  
5 Pm

**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..... *Orland Minor* .....

Licensed Embalmer No. *3414* .....

P. O. Address. *918 Brooklyn* .....

**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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri }  
County of Jackson } ss.

State File No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 113

On this 23rd day of January, 1947, before me appears  
Mrs. Aurora Bayse, who, upon her oath, states that the original record of <sup>birth</sup> death  
for Robert C. Bayse died Jan. 10, born Jan. 10, 1947, in the State of  
Missouri, and which was filed at Kansas City on 1-10, 1947, should be corrected as follows:

Item No. 3 should read Robert Edward Bayse  
Instead of Robert Bayse

Item No. .... should read .....  
Instead of .....

Item No. .... should read .....  
Instead of .....

Item No. .... should read .....  
Instead of .....

Item No. .... should read .....  
Instead of .....

Item No. .... should read .....  
Instead of .....

Item No. .... should read .....  
Instead of .....

Item No. .... should read .....  
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Aurora Bayse wife  
Relationship wife

330 Garfield Kansas City mo  
Present Address.

Subscribed and sworn to before me this 23rd day of January, 1947.

My Commission expires Oct. 20. 1947 Carrie M. Ruppel Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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