

S. No. 2
 1-12-45
 7-5-17-39
 I X47070

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

FILED APR 8 1947

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
 (c) Name of hospital or institution: St. Joseph Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 days
 In this community 39 years
 (Specify whether years, months or days)

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. 3320 Forest
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ANTHONY BAY
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Mar. day 23rd
 year 1947 hour 3: minute 45 P. M.
 21. I hereby certify that I attended the deceased from Jan 23 1947
March 6 1947 to March 23 1947
 that I last saw him alive on March 23 1947
 and that death occurred on the date and hour stated above.

4. Sex Ma 5. Color or race Wh
 6. (a) Single, widowed, married, divorced Married
 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased June 23 1871
 (Month) (Day) (Year)

Immediate cause of death Uremia, Terminal Broncho pneumonia
 Due to Prostatic hypertrophy & Urinary obstruction
 Due to _____

8. AGE: Years 75 Months 9 Days 0
 If less than one day hr. _____ min.

Other conditions (Include pregnancy within 3 months of death)
107

9. Birthplace Alsace Lorraine
 (City, town, or county) (State or foreign country)
 10. Usual occupation Retired Electrician

Major findings: Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business _____
 12. Name Antone Bay
 13. Birthplace France
 (City, town, or county) (State or foreign country)
 14. Maiden name No Record
 15. Birthplace France
 (City, town, or county) (State or foreign country)

16. (a) Informant Wm. B. Bay
 (b) Address 40 Carroll St. Hammond, Ind.
 17. (a) Burial (b) Date thereof 3-25-47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery
 18. (a) Signature of funeral director J. W. Wagner
 (b) Address Kansas City, Mo.
 19. (a) 3-24-47 (b) Geraldine Holmes
 (Date received local registrar) (Registrar's signature)

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 U
 23. Signature Thos E. McMillan (M. D. or Debn)
 Address 1019 Professional Bldg Date signed 3/24/47

*R. & E. Hoffmann
Prof. Bg. MAHON
McMillan*

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 *A. R. Haunschelp*

Licensed Embalmer No. *4159*

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.