

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39212  
Registrar's No. 112

FILED DEC 8 1947  
Registration District No. 2540

Primary Registration District No. 6-9-64

1. PLACE OF DEATH:

(a) County Platte  
(b) City or town R.R.#2 Parkville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
R.R.#2 Parkville  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution XX (Specify whether  
In this community 2 1/2 years (years, months or days)

3. (a) PRINT FULL NAME MRS. MOLLIE ELIZABETH BAY

3. (b) If veteran, name war XX 3. (c) Social Security No. None

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, 2. divorced. Widowed  
6. (b) Name of husband or wife Ning Louis Bay 6. (c) Age of husband or wife if alive XX years  
7. Birth date of deceased February 17 1876  
(Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 4 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name No Record 9  
13. Birthplace " " 9  
(City, town, or county) (State or foreign country)  
14. Maiden name " " 9  
15. Birthplace " " 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W.H. McGinnis

(b) Address RR#2 Parkville

17. (a) Removal (b) Date thereof 11-22-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Golden City, Mo.

18. (a) Signature of funeral director J.M. Wagner

(b) Address Kansas City, Mo.

19. (a) 11-22-47 (b) C. P. R. Roelinn  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte  
(c) City or town R.R.#2 Parkville  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21  
year 1947 hour 11 minute 10 P. M.

21. I hereby certify that I attended the deceased from Nov 17, 1947  
1947 to Nov 21 1947  
that I last saw her alive on November 20 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death respiratory failure Duration

Due to metastatic involvement

Due to Carcinoma of stomach

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

Major findings:  
Of operations

Of autopsy

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 2

23. Signature Ray E. Bishop (M. D. or other) DO  
Address 5016 Brown Ave NCKS Date signed 11/22/47

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

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**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..... *Cecil R. Matthes*

Licensed Embalmer No. *3807*

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.**