. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1407

FILED FEB 3 1948

Registration District No. 1

Primary Registration District No. 3026

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence Sanitarium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 17 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2119 Scott 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME MRS. ALICE HAZEL BAILEY

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 1

5. Color or race white

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

6. (b) Name of husband or wife Wm. N. Bailey

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

7. Birth date of deceased April 7, 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	8	28	hr. min.

9. Birthplace Atlanta, Ga. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business self employed

FATHER
12. Name Unknown, Scott 9
13. Birthplace unknown 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roy Fairbanks
(b) Address Houston, Texas

17. (a) burial (b) Date thereof 1/7/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Mo.

19. (a) 1-7-88 (b) [signature] 2 5 4
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5
year 1948 hour 5:20 minute P M.

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

Duration

Immediate cause of death Encephalomalcia - Right } 24 hrs.

Due to Cerebral Cortex

Due to Cerebral Arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 8 3 B

Of autopsy See Above

PHYSICIAN

Underline the cause of 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? 0
(specify type of place)
While at work (Means of injury

23. Signature A. E. Upsher (M. D. or other) MO
Address 2800 Main Date signed 1/6/48

Jefferson City Printing Co.

(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 Donald W. Hanks, Registered Apprentice No. 425, working under my personal supervision.

Signed R. A. Lisle

Licensed Embalmer No. 423

P. O. Address Independence, 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.