

No. 500  
1-10-47  
5-17-39  
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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED JAN 15 1949  
Registration District No. 449

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 40006  
Registrar's No. 5374

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: GENERAL HOSPITAL # 2  
(If not in hospital or institution, write street number or location) 35 min  
(d) Length of stay: In hospital or institution 1 mo, 14 das, 9 hr  
(Specify whether  
In this community 16 yrs  
years, months or days)

3: (a) PRINT FULL NAME JAMES C. BAILEY  
3: (b) If veteran, name war none  
3: (c) Social Security No. unknown  
4. Sex MALE 2-  
5. Color or race NEGRO  
6: (a) Single, widowed, married, divorced SINGLE  
6: (b) Name of husband or wife  
6: (c) Age of husband or wife if alive years  
7. Birth date of deceased JULY 10th 1888  
(Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 19 hr. min.

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

10. Usual occupation DAY LABORER

11. Industry or business  
12. Name LINSEY BAILEY  
13. Birthplace NOT KNOWN  
(City, town, or county) (State or foreign country)  
14. Maiden name MARY  
15. Birthplace NOT KNOWN  
(City, town, or county) (State or foreign country)

16: (a) Informant Landlady: Ida McGlon  
(b) Address 621 Locust

17: (a) Burial (b) Date thereof 1/4/49  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lincoln Cem.

18: (a) Signature of funeral director E. Stealing Bella  
(b) Address 1212 Olive St. C. M. M.

19: (a) 12-31-48 (b) Heraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County JACKSON 48  
(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 621 Locust  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month DECEMBER day 29th  
year 1948 hour 4:00 minute A. M.  
21. I hereby certify that I attended the deceased from  
NOVEMBER 14th 48 to DECEMBER 29th 48  
that I last saw him alive on DECEMBER 29th 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death  
CARDIO-RESPIRATORY FAILURE  
Due to METASTATIC CA OF LUNGS (SITE UNDETERMINED)  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: 47 d  
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 (Specify type of place) (a) Means of injury E. Frank Ellis  
23. Signature (b) (M. D. or other)  
Address 600 East 22nd St. Date signed 12/29/48

**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 *E. Sterling Pills*

Licensed Embalmer No. *3178*

P. O. Address *1212 Vine St*

**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.**