

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
701 East 8th. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **25 Years**
years, months or days)

3. (a) PRINT FULL NAME **Mary S. Bailey** **400**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Isaac Bailey** 6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **September 23 - 1867**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	8	6	hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business **----**

12. Name **James Higgenbottom**

13. Birthplace **No Record**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Ann Neal**

15. Birthplace **No record**
(City, town, or county) (State or foreign country)

16. (a) Informant **Isaac Bailey**

(b) Address **701 East 8th. St**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **6 - 1 - 1940**
(Month) (Day) (Year)

(c) Place: burial or cremation **Garnett, Kansas**

18. (a) Signature of funeral director **Mrs. C.L. Forster**

(b) Address **918 Brooklyn Kansas City Mo.**

19. (a) **June 2, 1940** (Date received local registrar) **M. M. Leonard** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City, Missouri**
(If outside city or town limits, write "RURAL")
(d) Street No. **701 East 8th. St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **29th.**
year **1940** hour **5** minute **--** P. M.

21. I hereby certify that I attended the deceased from **May 29 1940**
that I last saw her alive on **9:45 pm. 5-29-40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiovascular Renal Disease**

Due to **Hypertension 59**

Due to _____

Other conditions **Diabetes Mellitus**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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?
3/1 (Specify type of place) While at work? _____ (e) Means of injury **1**

23. Signature **C. S. Glader MD** (M. D. or other) _____

Address **1401 S. W. Blvd. K. C. Mo.** Date signed **5-21-40**

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

MOTHER FATHER

or scholar

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 *Denzil C. Browning*
Licensed Embalmer No. *2724*
P. O. Address *I. P. 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, above space should be left blank.