

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **21006**  
**2623**  
Registrar's No.

Registration District No. **899**

Primary Registration District No. **1002**

I. 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: **K. C. General Hospital No. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **10 days**  
(Specify whether  
In this community **18 Years**  
years, months or days)

3. (a) PRINT FULL NAME **EUTHA BAILEY** **11577**

8. (b) If veteran, name war **No.** 3. (c) Social Security No. **No**

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

6. (b) Name of husband or wife **William F. Bailey** 6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased **Dec. 4, 1891**  
(Month) (Day) (Year)

8. AGE: Years **48** Months **6** Days **23** If less than one day  
hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **E. L. Fairis**  
13. Birthplace **Ind.**  
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Virginia Brunner**  
15. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **William F. Bailey**  
(b) Address **1245 Penn.**

17. (a) **Burial** (b) Date thereof **6/29/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **St. Joseph, Missouri**

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

(b) Address **918 Brooklyn, K. C. Mo.**

19. (a) **June 29, 1940** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

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. **1245 Penn**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **27th**  
year **1940** hour **10** minute **10 P.** M.

21. I hereby certify that I attended the deceased from **June 17th**, 19**40**, to **June 27th** 19**40**, 19\_\_\_\_;  
that I last saw her alive on **June 27th, 1940**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of cervix uteri with extension to bladder and rectum**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions **Bilateral hydroureter and hydronephrosis**  
(Include symptoms within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **See above**

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 **!**

23. Signature **P. F. De Maria, M.D.** (M. D. or other)  
**Supt. R. C. Gen. Hosp. R. C. M. D.**  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed L. H. Wise

Licensed Embalmer No. 2570

P. O. Address 100 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.