

No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5804
Registrar's No. 576

Registration District No. 399

Primary Registration District No. 1002

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:
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 3 days
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 535 South Kensington
(If rural, give location) 8

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME FONDA BAILEY

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8th
year 1941 hour 7 minute 45 P. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Arthur Lee Bailey 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Sept. 7 1915
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>25</u>	<u>5</u>	<u>1</u>	hr. min.

21. I hereby certify that I attended the deceased from 2-5-41, 19 to 2-8-41, 19
that I last saw h. er. alive on 2-8-41
and that death occurred on the date and hour stated above.

Immediate cause of death: Rheumatic heart disease, mitral stenosis
Hydropericardium and Hydrothorax

Due to..... 108 108

Due to.....

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Clinton A. Spoor

{ 13. Birthplace Iowa (City, town, or county) (State or foreign country)

{ 14. Maiden name Minnie Drew

{ 15. Birthplace Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Arthur Lee Bailey

(b) Address 535 South Kensington

17. (a) Burial (b) Date thereof 2 11 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gravois Mills, Mo.

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address 2332 Monitor Bldg. N. W. MO

19. (a) 7/10/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

Other conditions Lobar pneumonia and six months
(Include pregnancy within 3 months of death)
spontaneous abortion (occured about same time)

Major findings:
Of operations _____

Of autopsy See above

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? _____

(Specify type of place)

While at work _____ Means of injury _____

23. Signature M. M. Crowe (M. D. or other) _____
Address Med. Dir. K.C. Gen. Hospital Date signed _____

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.....

Blaine E. Wilcutt

Licensed Embalmer No.....

4075

P. O. Address.....

2332 Monitor Pl

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.