

FILED JUN 7 1948

Registration District No. 149

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:
5510 Virginia Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution _____
(Specify whether years, months or days)

In this community 60 Years

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. 5510 Virginia Avenue
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mr. George Willis Bayless

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

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

6. (b) Name of husband or wife Mrs. Anna Bayless 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased October 15 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>6</u>	<u>22</u>	_____ hr. _____ min.

9. Birthplace Fort Wayne Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Live Stock Dealer & Partner

11. Industry or business Bayless & Bayless

MOTHER FATHER { 12. Name Alexander, Bayless

13. Birthplace Fort Wayne Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Shoaff

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

16. (a), Informant Mrs. Anna Bayless

(b) Address 5510 Virginia Avenue

17. (a) Burial (b) Date thereof May 10, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Kansas

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 5-10-48 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th
year 1948 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from May 1 43 to May 7 43
that I last saw him alive on May 7 43
and that death occurred on the date and hour stated above.

Immediate cause of death edema of lungs & broncho-pneumonia

Due to cardiac pathology

Due to myocardial infarction

Other conditions hypertension
(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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Raymond Paul (M. D. or other)

Address 1607 Spencer, Kansas Date signed 5/8/48

Duration 6 days

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1609
11-3
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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..... *C. Hervey Quisenberry*
Licensed Embalmer No..... *4070*
P. O. Address..... *KC 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.