

FILED APR 6 1944
Registration District No. **1002**

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, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Vincent's Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 day**
(Specify whether)
 In this community **1 day**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City, Mo.**
(If outside city or town limits, write "RURAL")
 (d) Street No. **St. Vincent's Hosp.**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **Infant Bailey**
 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 **single**
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **3-19-44**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days **1** 2 hr. **15** min.

9. Birthplace **Kansas City, Mo.**
(City, town, or county) (State or foreign country)
 10. Usual occupation **infant**

MOTHER FATHER
 11. Industry or business _____
 12. Name **Unknown**
 13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)
 14. Maiden name **Esther Bailey**
 15. Birthplace **Bushnell, S. Dakota**
(City, town, or county) (State or foreign country)
 16. (a) Informant **St. Vincent's Records**
 (b) Address **3210 E 23rd St**
 17. (a) **Burial** (b) Date thereof **3-21-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **St. Mary**
 18. (a) Signature of funeral director **G. W. Wagner**
 (b) Address **Kansas City, Mo**
 19. (a) **3-21-44** (b) **D. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **3** day **20**
 year **44** hour **7** minute **45 P.M.**
 21. I hereby certify that I attended the deceased from **3-19-44**
 _____, 19**44**, to _____, 19**44**
 that I last saw him alive on **3-20-44**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Aspiration pneumonia**
 Duration **27 hrs.**

Due to _____
 Due to _____
 Other condition **Malnourished at birth.**
(Include pregnancy within 3 months of death)
Microtic placenta and cord
 Major findings:
 Of operations _____
 Of autopsy **107**
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 work _____
(Specify type of place) (e) Means of injury
 23. Signature **Ford J. Lowrey** (M. D. or other)
 Address **1005 Grand Ave. R. C. Mo.** Date signed **3-21-44**

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.

No Embalming

Signed *Alvin R. Haunscheld*

Licensed Embalmer No. *4159*

P. O. Address *Kansas City, 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.