

FILED JAN 31 1946

Registration District No. 147

Primary Registration District No. 1002

Registrar's No.

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:
2630 Lockridge Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 40 Years
years, months or days (Specify whether)

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. 2630 Lockridge
(If rural, give location)
(e) Citizen of foreign country? No
If yes, name country.....

3. (a) PRINT FULL NAME MRS. SARAH E. BAILEY

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married? divorced Widowed
6. (b) Name of husband or wife Howard Bailey 6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 4th, 1860
(Month) (Day) (Year)

8. AGE: Years 85 Months 4 Days 5 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name John Swafford
13. Birthplace Cole County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Shelton
(b) Address 1911 East 35th. Street
17. (a) Burial (b) Date thereof 1/11/1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd Street

19. (a) 1-11-46 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month January day 9th,
year 1946 hour..... minute..... M.

21. I hereby certify that I attended the deceased from January 7 - 1946 to January 9, 1946
that I last saw him alive on January 7 - 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to arterial sclerosis
senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations gpa
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?

23. Signature J. W. Purcell (M. D. or other) DO
Address 406 North Main St. Date signed 1-11-46

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

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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 Walter H. Erwin

Licensed Embalmer No. 4352

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.