

FILED FEB 17 1947

State File No. _____
Registrar's No. 530

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 WEEKS
In this community 31 YEARS
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Mrs. Marie Dailey
3. (b) If veteran, name war No
3. (c) Social Security No. 486-63-9609

4. Sex F | 5. Color or race W | 6. (a) 3 divorced DIVORCED
6. (b) Name of husband or wife MR. HARRY H. DAILEY | 6. (c) Age of husband or wife if alive years
7. Birth date of deceased FEBRUARY 12 1879
(Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 20 If less than one day
hr. 22 min.

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

10. Usual occupation SEAM STRESS

11. Industry or business ROBERT KEITH FURN. Co

MOTHER FATHER
12. Name Unknown 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant MISS MARGARET DAILEY
(b) Address 3830 TROOST AVE.

17. (a) BURIAL (b) Date thereof FEB 6 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. OLIVE ST. JOSEPH MO.

18. (a) Signature of funeral director Wm. W. Hart
(b) Address 1201 Bunkle Creek, E.C. Mo.

19. (a) 2-5-47 (b) Thereldine Holmes
(Data received local registrar) (Registrar's signature)

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") 70
(d) Street No. 3830 Troost
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4
year 1947 hour 6 minute 55 A.M.

21. I hereby certify that I attended the deceased from Jan. 10 1947 to Feb. 4 1947
that I last saw her alive on Feb. 4 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary infarction-Broncho-pneumonia-Generalized arterio-sclerosis
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 107
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? Mo.

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

23. Signature Wm. W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 2-4-47

Dr. [unclear]
Dr. [unclear]

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.....

Licensed Embalmer No.....

P. O. Address.....

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.