No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31088

FILED OCT 4 1947

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 4034

WRITE PLAINLY—USING 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: Research Hospital
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution 9 Days (Specify whether
In this community 37 Years
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. 3638 Wabash Avenue 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. MARTHA HAYFORD BAYLESS
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 Married
6. (b) Name of husband or wife James Dennis Bayless
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased March (Month) 14th (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	6	7	hr. min.

9. Birthplace Union County (City, town, or county) Illinois (State or foreign country)
10. Usual occupation At Home
11. Industry or business

FATHER
12. Name J. E. Blinn
13. Birthplace New York City (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Mary E. Stevenson
15. Birthplace (City, town, or county) Texas (State or foreign country)

16. (a) Informant Mr. J. E. Blinn
(b) Address 3638 Wabash Avenue
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9 - 24 - 1947 (Month) (Day) (Year)
(c) Place: burial or cremation St. Joseph, Missouri
18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd, St. Kansas City, Mo.
19. (a) 9-23-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 21st. year 1947 hour 3 minute P M.

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

	Duration
Immediate cause of death Pulmonary embolus	1 da
Due to	
Due to	
Other conditions Polycythemia (Include pregnancy within 3 months of death)	5 yrs
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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? (e) Means of injury 0

23. Signature [illegible] (M. D. ~~or other~~)
Address [illegible] Date signed 9/22/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Lmer C. Wedelin

Licensed Embalmer No. 3495

P. O. Address R. C. Ind.

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.