

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4759

623

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 3 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1612 Brooklyn				d. STREET ADDRESS (If rural, give location) 1612 Brooklyn			
3. NAME OF DECEASED (Type or Print) a. (First) Cordelia Bailey			b. (Middle)			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) February 9, 1949							
5. SEX Fe. 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH July 4, 1876		9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Boone Co., Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Potts		13b. MOTHER'S MAIDEN NAME Eliza Rogers		14. NAME OF HUSBAND OR WIFE William Bailey			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Ora Maxwell (sister)		ADDRESS A.C. K's. 3846 Minnie			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>Senility</i></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (if stating the underlying cause last). DUE TO (b) <i>Age</i></p> <p>REPAIR/DUE TO (c) <i>none</i></p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>none</i></p>					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>none</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 2-3-1949 to 2-9-1949, that I last saw the deceased alive on 2-8-1949 and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <i>F. J. Hayes Sr.</i>		(Degree or title)		23b. ADDRESS <i>2200 E. 21st St.</i>		23c. DATE SIGNED <i>2-11-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/12/49	24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
DATE REC'D BY LOCAL REG. 2-11-49	REGISTRAR'S SIGNATURE <i>Sheraldine Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter H. ...</i>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Bruce Riley

Licensed Embalmer No. 4500

P. O. Address 2506 Benton Bl

**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.