

FILED SEP 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29660

BIRTH NO. _____		REG. DIST. NO. 72		PRIMARY REG. DIST. NO. 2289		Registrar's No. 78	
1. PLACE OF DEATH a. COUNTY Clay <i>Gallatin Twp.</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clay			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN North Kansas City		c. LENGTH OF STAY (In this place) 11 yrs		c. CITY (If outside corporate limits, write RURAL and give township) North Kansas City		20	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, RR 4				d. STREET ADDRESS (If rural, give location) RR 4			
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) Alvin		c. (Last) Bailey		4. DATE OF DEATH (Month) (Day) (Year) Sept. 9, 1949	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 7, 1883	
9. AGE (In years - last birthday) 66		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Commissary Dept.		10b. KIND OF BUSINESS OR INDUSTRY C&O RR co.		11. BIRTHPLACE (State or foreign country) Jackson County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Bailey		13b. MOTHER'S MAIDEN NAME Elizabeth Barton		14. NAME OF HUSBAND OR WIFE Mrs. Mary E. Bailey			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no; or unknown) no		16. SOCIAL SECURITY NO. 495 05 4429		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary E. Bailey, N. Kansas City, Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma brain - (Petrolatum)  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma - rectum  DUE TO (c) Petrolatum  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Petrolatum  INTERVAL BETWEEN ONSET AND DEATH 3-4 Mo 2 years 154X 6 Mo.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION 1949 Apr.		19b. MAJOR FINDINGS OF OPERATION Carcinoma rectum					
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)		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 Sept 1, 1949, to Sept 9, 1949, that I last saw the deceased alive on Sept. 3, 1949, and that death occurred at 12:50 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) <i>John S. ...</i>				23b. ADDRESS N. Kansas City, Mo.		23c. DATE SIGNED 9-9-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Sept. 12, 1949		24c. NAME OF CEMETERY OR CREMATORY Mt. Washington		24d. LOCATION (City, town, or county) Kansas City, Mo. (State)	
DATE REC'D BY LOCAL REG. Sept 12 1949		REGISTRAR'S SIGNATURE Beulah Kitcher		FUNERAL DIRECTOR'S SIGNATURE Dea C. Carson		ADDRESS Independence, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

SEP 12

District Health Officer No. 8,

District File Number 9

Date Filed 9-21-49

SEP 12 1949

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 Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Independence, Miss

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.