

DEC'D MAR 15 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

8096  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Wernon 3 Registration District No. 875  
(b) Township Wernon 1 Primary Registration District No. 6162  
(c) City Wernon (d) Street No. Walt. Hosp. # 3 Registered No. 31  
(e) Length of residence in city or town where death occurred 30 yrs. 0 mos. 15 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

John F. Bayless  
(a) Residence, No. Lawrence Co., MO St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF DR

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 ? 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) DR 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

FATHER 13. NAME Albert Bayless

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER 15. MAIDEN NAME Shelpho

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Hosp. Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Hospital Cem. DATE Feb. 7 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Eichiger Funeral Home  
Nevada, MO

20. FILED Feb 7 1939 Allen D. Hays  
Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 1939

I HEREBY CERTIFY, That I attended deceased from Jan 1 1939 to Feb 5 1939

I last saw h. im. alive on Feb 4th 1939. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chr Myocarditis & m. degeneration Date of onset DR

Other contributory causes of importance: 92 C  
Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Indus. Acc.

(Signed) J. J. Hopkins, M. D.

(Address) Nevada, MO

795

STATEMENT TO BE MADE BY THE EMBALMER  
OF THE BODY OF THE DECEASED

FILE NO. 10-100

STATE OF MISSOURI

CITY OF ST. LOUIS

FILE NO. 10-100

RECEIVED

District Health Officer No.

District File Number 7-39-3

Date Filed 3-8-29

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,

*Mark Eickinger*

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*Mark Eickinger*

Licensed Embalmer No. 2656

P. O. Address *Neada 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, above space should be left blank.