

REC'D JUN 19 1939

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

19904  
Do not use this space.

1. PLACE OF DEATH

(a) County Schuyler Registration District No. 804  
(b) Township Greenleaf Primary Registration District No. 249  
(c) City Greenleaf (d) Street No. 249 1/2 St. Mo.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. 2 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Greenleaf 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24 - 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 0 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
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)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Greenleaf (STATE OR COUNTRY) Missouri

13. NAME Chester S. Bailey

14. BIRTHPLACE (CITY OR TOWN) Greenleaf (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Viola H. Miller

16. BIRTHPLACE (CITY OR TOWN) Greenleaf (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Chester S. Bailey  
Greenleaf Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenleaf Cem. DATE April 26 - 1939

19. FUNERAL DIRECTOR (NAME) Dee Bailey (ADDRESS) Richwood Mo.

20. FILED Apr 27 1939 Mrs O P Farinfor Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-24, 1939, to 4-26, 1939

I last saw him alive on 4-24, 1939. Death is said to have occurred on the date stated above, at 5:30 A.M.

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

Premature 8 month Baby

Date of onset

Other contributory causes of importance:

Name of operation 1 Date of 154  
What test confirmed diagnosis? 1 Was there an autopsy? 1

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? 1 Date of injury 1, 1939  
Where did injury occur? 1 (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 1  
Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased? 1  
If so, specify 1  
(Signed) Chesler Bailey 290. Mo.  
(Address) Greenleaf Mo. 3

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

---

---

**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, above space should be left blank.**