

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **18944**

Registration District No. **534**

Primary Registration District No. **4319**

Registrar's No. **13**

I. PLACE OF DEATH:

(a) County **Macou**
(b) City or town **Macou - 10 Ave. 1940**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) **2**
(d) Length of stay: In hospital or institution (Specify whether
In this community, years, months or days) **4 1/2**

3. (a) PRINT FULL NAME **Charles Firman Bailey**
3. (b) If veteran, name war **—**
3. (c) Social Security No. **—**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **—** 6. (c) Age of husband or wife if alive **27** years
7. Birth date of deceased **Apr 27 1908**
(Month) (Day) (Year)

8. AGE: Years **31** Months **1** Days **5** If less than one day hr. **—** min. **0**

9. Birthplace **Macou Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business **—**

MOTHER FATHER
12. Name **Charles B. Bailey**
13. Birthplace **Macou Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Effie May Helton**
15. Birthplace **Macou Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Donnie J. Bailey**

(b) Address **205 W. 11th Mo**

17. (a) **Burial** (b) Date thereof **June 3 - 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Burial Center**

18. (a) Signature of funeral director **H. J. Dill**

(b) Address **New Cambria Mo**

19. (a) **June 8 - 1940** (b) **—**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Macou**
(c) City or town **—** (If outside city or town limit, write "RURAL")
(d) Street No. **0** (If rural, give location)
(e) If foreign born, how long in U. S. A. **—** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **22**
year **1940** hour **12** minute **2** M.

21. I hereby certify that I attended the deceased from **June 22, 1940** to **June 22, 1940**
that I last saw him alive on **June 22, 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Resident**
Killed by Burlington
Train No. 56
Due to **Driving Auto over**
Track in front of
Due to **Train**

Other conditions **—**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **none**

Of autopsy **no**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **June 22 - 1940**
(c) Where did injury occur **New Cambria Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public
While at work? **no** (Specify type of place) (e) Means of injury **R.R. Road**

23. Signature **Howard Brown** (M. D. or other) **—**
Address **New Cambria Mo** Date signed **June 23, 1940**

RECEIVED

District Health Officer No. 10

District File Number 6-40-12-96

Date Filed JUN 17 1940

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

H. J. Gilleland

Licensed Embalmer No. 4019

P. O. Address *New Cambridge, 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.