

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson City
(c) Name of hospital or institution: St. Lukes Hospital
(d) Length of stay: In hospital or institution 4 hrs.
In this community 4 hrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Pleasant Hill
(d) Street No. _____
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Charles Ernest Bailey

3. (b) If veteran, name war. 2 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 Anna May Bailey 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased November 19-1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 6 8 hr. _____ min.

9. Birthplace Pleasant Hill Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Grocery

12. Name Chas. S. Bailey
13. Birthplace Pleasant Hill Missouri
14. Maiden name Marie Ellen Halderman
15. Birthplace Freeborn Missouri

16. (a) Informant Mrs Anna Bailey
(b) Address Pleasant Hill Mo.
17. (a) Removal (b) Date thereof 5/20/41
(c) Place: burial or cremation Pleasant Hill Mo.

18. (a) Signature of General Director W. H. H. H. H. H.
(b) Address St. Louis Mo.
19. (a) May 27 1941 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 27
year 1941 hour 11 minute P M.
21. I hereby certify that I attended the deceased from Anna, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death gunshot wound of the head.
Due to _____
Due to 16 1/2
Other conditions (Include pregnancy within 3 months of death) 16 1/2

Major findings: Of operations _____
Of autopsy See of me

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence 5/27/41
(c) Where did injury occur Pleasant Hill Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work _____ (Specify type of place) (c) Means of injury shot
23. Signature W. H. H. H. H. (M. D. or other) W. H. H. H. H.
Address St. Louis Date signed 5/27/41

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

R. P. Noferinger

Licensed Embalmer No. *3938*

P. O. Address *Pleasant Hill,*

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.