

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21956**

Registration District No. **11**

Primary Registration District No. **5576**

Registrar's No. **43**

1. PLACE OF DEATH:

(a) County **Jefferson**
(b) City or town **Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____ (Specify whether)
In this community: _____ years, months or days

3. (a) PRINT FULL NAME **Forrest Jackson Bailey**

3. (b) If veteran, name war: _____ 3. (c) Social Security No. **1**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: **July 22nd 1872**
(Month) (Day) (Year)

8. AGE: Years **68** Months **10** Days **20** If less than one day hr. _____ min. _____

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

10. Usual occupation **farmer**

11. Industry or business: _____

MOTHER FATHER { 12. Name **Leander Bailey**
13. Birthplace **Danby Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Catherine Jennings**
15. Birthplace **Farmington Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sterling Bailey**

(b) Address **Danby Mo**

17. (a) **Burial** (b) Date thereof **6-14-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Festus Mo**

18. (a) Signature of funeral director **Fink Und Co.**

(b) Address **Festus Mo**

19. (a) **6/14/41** (b) **J. E. Rutledge**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jefferson**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **12th**
year **1941** hour **12** minute **35** A. M.

21. I hereby certify that I attended the deceased from **Aug 1939**
to **June 30**, 19**41**;
that I last saw him alive on **June 3**, 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral hemorrhage**

Due to **arteriosclerosis of the brain**

Due to _____

Other conditions: **g2k**
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy: _____

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

(a) Accident, suicide, or homicide (specify): _____

(b) Date of occurrence: _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **382**

While at work? _____ (Specify type of place)

(e) Means of injury: _____

Signature **Barclan Baeyer** (M. D. or other) **O**

Address **Festus, Mo** Date signed **6/12/41**

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.....

working under my personal supervision.

Registered Apprentice No.

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, fact should be so stated above.