

Registration District No. 502

Primary Registration District No. 4305

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Marceline  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 21 years / (Specify whether years, months or days)

3. (a) PRINT FULL NAME WILLIAM HAMMOND BAILEY

3. (b) If veteran, name war  
3. (c) Social Security No. None

4. Sex male 0  
5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Minerva M. VanKirk  
6. (c) Age of husband or wife if alive 81 years  
7. Birth date of deceased December 24 1852  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>9</u>	<u>6</u>	hr. min.

9. Birthplace Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER  
12. Name Isiah Bailey  
13. Birthplace Penn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Spencer  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Nellie Keller  
(b) Address Marceline, Mo.

17. (a) Burial (b) Date thereof Oct 4 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet

18. (a) Signature of funeral director James M. Haug  
(b) Address Marceline, Missouri

19. (a) 10-11-41 (b) Clara P. Barrett  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn  
(c) City or town Marceline  
(If outside city or town limits, write "RURAL")  
(d) Street No. West Bisbee  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30  
year 1941 hour 11 minute 45 p. M.

21. I hereby certify that I attended the deceased from Sept 30 1941 to Sept 30 1941  
and that I last saw him alive on Sept 30 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal bronchial pneumonia of unknown cause  
Duration 2 days

Due to  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 107  
Of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. Putnam (M. D. or other) MD  
Address Marceline Mo. Date signed 10/11/41

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

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.

1 X1931

**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 Dale Bunch

Licensed Embalmer No. 4088

P. O. Address Marceline 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.**