

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St Louis, Mo
(b) City or town St Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 Days (Specify whether
In this community 23 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
(c) City or town East Prairie, Mo (If outside city or town limits, write "RURAL") NR
(d) Street No. _____ (If rural, give location) 67
(e) Citizen of foreign country? NO (Yes or No) 2
If yes, name country _____ 10

3. (a) PRINT FULL NAME Francis William Bailey

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

4. Sex M 5. Color or race W 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: March 15, 1898
(Month) (Day) (Year)

8. AGE: Years 44 Months 11 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation: farm labour

11. Industry or business _____

12. Name Alexander Franklin Bailey

13. Birthplace: Peoria, Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Martha Elizabeth Shedd

15. Birthplace: Jackson Co, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Alexander Franklin Bailey

(b) Address East Prairie, Mo

17. (a) Burial (b) Date thereof 2-27-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dogwood cemetery

18. (a) Signature of funeral director David Shelby

(b) Address East Prairie, Mo

19. (a) 1702 (b) J. Bricket
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26
year 1942 hour 5 minute 10 A. M.

21. I hereby certify that I attended the deceased from February 3, 1942 to February 26, 1942
that I last saw him alive on February 26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration _____

Due to _____
Due to _____

Other conditions psoss abscess (Tbc)
(Include pregnancy within 3 months of death)

Major findings:
Of operations I + D = 2000 cc of purulent fluid from pleural space
Of autopsy Caseous tract from lung to psoss abscess

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 FR Bradley (M. D. or other) _____
Address BARNES HOSPITAL Date signed 2-26-42

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

MOTHER FATHER

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.....

Travis Shelby

Licensed Embalmer No. *2726*

P. O. Address *East Prairie, 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, fact should be so stated above.