

FILED MAY 12 1942

Registration District No. 238

Primary Registration District No. 4509

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Dexter
(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 _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Homer Bailey

3. (b) If veteran, name war _____ 3. (c) Social Security No. 486-18-0927

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Bailey 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 22 1877
(Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Worked in a pool room.

11. Industry or business Pool Hall

12. Name Jas. Bailey

13. Birthplace Benton Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Viola Manion

15. Birthplace Benton Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Bailey

(b) Address Dexter, Mo.

17. (a) Burial (b) Date thereof 3-27-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter Cem.

18. (a) Signature of funeral director Blankenship-Strickland
(b) Address Dexter, Mo.

19. (a) 3-27-42 (b) Nora Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1942 hour 7 minute 30 a.m.

21. I hereby certify that I attended the deceased from 3/25/1942 to 3-26-1942
that I last saw him alive on 3-25-1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to probable
followed an old case of
Due to rheumatic fever.

Other conditions (Include pregnancy within 3 months of death) 930

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? _____

While at work? _____ (Specify type of place) _____ (Means of injury)
23. Signature Franz Haber (M. D. or other) MD
Address Dexter Mo. Date signed 3/27/42

103
3
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

7 P

RECEIVED

District Health Office No. 2,

District File Number 442-034

Date Filed 4-13-42

442-034

STATEMENT BY LICENSED EMBALMER

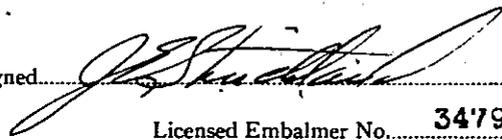
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

J. E. Ströckland.....

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 3479

P. O. Address Dexter, 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.