

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17278

State File No.

Registration District No. 4

Primary Registration District No. 6232

Registrar's No. 17

1. PLACE OF DEATH:

(a) County ADRAIN
(b) City or town ONIVRE TWP RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3rd MAUKADDANIA - NO. 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 6 mo.
years, months or days)

3. (a) PRINT FULL NAME GEORGE-T-BAILEY.

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife FRANCIS-BAILEY 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased OCT-6-1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 18 If less than one day hr. min.

9. Birthplace UNKNOWN - ENGLAND.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER.

11. Industry or business FARM.

12. Name THOMAS-BAILEY.

13. Birthplace UNKNOWN - ENGLAND.
(City, town, or county) (State or foreign country)

14. Maiden name MARY-ANTICLIFF.

15. Birthplace UNKNOWN - ENGLAND.
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Wilkinson

(b) Address Dandalia Missouri

17. (a) BURIAL (b) Date thereof 5/26/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harper, Mo.

18. (a) Signature of funeral director Clyde Wisney

(b) Address Perry Mo.

19. (a) May 25 42 (b) Mallie Fugue
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ADAMS
(c) City or town RURAL JASBERT TWP
(If outside city or town limits, write "RURAL")
(d) Street No. KANDALIA MO.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1942 hour 5:00 minute P.M.

21. I hereby certify that I attended the deceased from 2 P.m. 5-24
42 to May-24, 1942
that I last saw him alive on May-24, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Thrombosis
Due to Chronic Myocarditis

Due to.....
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 930
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. Brown (M. D. certificate)
Address Perry Mo Date signed 5/25/42

JUN 12 1942

RECEIVED

District Health Officer No. 10

District File Number 6-42-1243

Date Filed JUN - 9 1942

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, Clyde W. Wiley

Registered Apprentice No. _____

working under my personal supervision.

Signed: _____

Licensed Embalmer No. 3820

P. O. Address. Perry 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.