

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24748

State File No.

FILED AUG 14 1942

Registration District No.

Primary Registration District No. 5732 4313

Registrar's No.

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Elmer
(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 years, months or days)
In this community

3. (a) PRINT FULL NAME ALLEN BAILEY

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Magdalen Bailey 6. (c) Age of husband or wife if alive 19 years (Month) (Day) (Year)
7. Birth date of deceased Sept 19 - 1877

8. AGE: Years 64 Months 9 Days 22 If less than one day hr. min.

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

10. Usual occupation Ice Man

11. Industry or business

12. Name James Bailey

13. Birthplace Macon County (City, town, or county) MO. (State or foreign country)

14. Maiden name Magdalen Bailey

15. Birthplace St. Joseph (City, town, or county) MO. (State or foreign country)

16. (a) Informant Mrs. & Jay Mason

(b) Address Elmer, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Steel

18. (a) Signature of funeral director Clyde M. G. Collier

(b) Address Elmer, Mo.

19. (a) Aug 5 - 1942 (Date received local registrar) (b) Minnie Freed (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1942 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Oct 1 1941 to July 11 1942
that I last saw him alive on July 11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death carcinoma of the pylorus of stomach
Duration 7-1-41
7-11-42

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Complete encasement of structure of Pylorus in - 7-1-42

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 2

23. Signature Harold D. Ph. D. O. (M.D. or other) 80

Address Elmer Mo Date signed 7/11/42

(Licensed Embalmer's Statement on Reverse Side)

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

61
6
0

25-38

RECEIVED

District Health Officer No. 10

District File Number P-42-15-24

Date Filed AUG 17 1964

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.....

Clyde M. Callum

Licensed Embalmer No. 3226

P. O. Address..... *Elmer, 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.