

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24749

FIL AUG 14 1942
Registration District No. 202

Primary Registration District No. 5732

Registrar's No. 7

1. PLACE OF DEATH

(a) County Macon
(b) City or town Rural Eastley
(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 BYRON C. BAILEY

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

4. Sex Male 5. Color or Race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Addie Bailey 6. (c) Age of husband or wife if alive years 14 (Month) 14 (Day) 1862

8. AGE: Years 80 Months 6 Days 6 If less than one day hr min.

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

10. Usual occupation Carpenter

11. Industry or business

12. Name George Bailey

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

14. Maiden name Ann Miriam Shipley

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

16. (a) Informant Geo W Bailey

(b) Address Elmer MO

17. (a) Burial (b) Date thereof July 21 1942 (Month) July (Day) 21 (Year) 1942

(c) Place: burial or cremation Bell

18. (a) Signature of funeral director W H McCallum

(b) Address South Eastley MO

19. (a) Aug 5-42 (b) Minnie Freed (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Macon
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. East of South Eastley MO (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1942 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from April 1 1942 to July 20 1942
that I last saw him alive on July 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bronchial pneumonia
Due to Senile dementia

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 107

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) (e) Means of injury 2nd

23. Signature Harold D. Lehr (M.D. or other)

Address Elmer MO Date signed 7-22-42

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

RECEIVED

District Health Officer No. 10

District File Number

8-42-1523
AUG 11 1942

Date Filed

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

W. H. C. Cullen

Licensed Embalmer No. 2057

P. O. Address

South Effingham

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.