

Registration District No. 59

Primary Registration District No. 4095

1. PLACE OF DEATH:

(a) County CASS
(b) City or town DREXEL
(c) Name of hospital or institution:
Not in hospital. At home.
(d) Length of stay: In hospital or institution Does not apply.
In this community 10 months.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Clearmont
(d) Street No. _____
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME JAMES HENRY BAILEY.

3. (b) If veteran, name war None. 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 Catherine Bailey. 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased June, 11th, 1858.

8. AGE:	Years	Months	Days	If less than one day
	84	2	4	hr. _____ min.

9. Birthplace ILL.

10. Usual occupation Farmer.

11. Industry or business Retired.

MOTHER FATHER { 12. Name James H. Bailey.
13. Birthplace Not Known.
14. Maiden name Myers.
15. Birthplace Not Known.

16. (a) Informant's own signature Elmer Bailey
(b) Address Clarinda, Iowa.

17. (a) Burial. (b) Date thereof Aug. 17, 42.
(c) Place: burial or cremation Clearmont, Mo.

18. (a) Signature of funeral director [Signature]
(b) Address Drexel, Mo.

19. (a) 8/16/42. (b) Margaret Hill
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15
year 1942 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 15, 1942 to Aug 15, 1942; that I last saw him alive on August 15, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Traumatic Pulmonary Emphysema (COPD)
Due to Smoking
Due to _____

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

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 07/4
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Boisjard (M. D. [Signature])
Address Drexel, Mo. Date signed 8/15/42.

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

Rev. 5-17-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, *personally*

Registered Apprentice No. _____

~~working under my personal supervision.~~

Signed _____

Licensed Embalmer No. *1950*

P. O. Address *Drexel 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, above space should be left blank.