. S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

FILED SEP 11 1942

State File No. 27329

Registration District No. 144 — Primary Registration District No. 5563 — Registrar's No. 2

47
0
0

1. PLACE OF DEATH:

(a) County: Iron

(b) City or town: Rural; Liberty
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 miles/East of Chloride
(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: eight years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Iron

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: 2 miles East of Chloride
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

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0
0

3. (a) PRINT FULL NAME: Everette Edward Bailey

3. (b) If veteran, name war: no

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: Agnes Bailey

6. (c) Age of husband or wife if alive: 47 years

7. Birth date of deceased: May (Month) 22 (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	3	6	..... hr. ..... min.

9. Birthplace: Mitchell (City, town, or county) South Dakota (State or foreign country)

10. Usual occupation: canning technician

11. Industry or business: W. PA.

FATHER
12. Name: Edward Bailey
13. Birthplace: unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Ellen Marie Way
15. Birthplace: South Dakota (City, town, or county) / (State or foreign country)

16. (a) Informant: Mrs. Agnes Bailey
(b) Address: Chloride Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 8-30-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Chloride Mo.

18. (a) Signature of funeral director: Norman White & Sons
(b) Address: Ironton Mo.

19. (a) 8-29-42 (Date received local registrar) (b) Virgina R. Miller (Registrar's signature)

#1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28 year 1942 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Asthma	
Due to: Bronchial Pneumonia	4 da
Due to:	
Other conditions (Include pregnancy within 3 months of death): 107	
Major findings: Of operations:	
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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Virgina R. Miller (M. D. or other) Registrar
Address: Arcadia Mo Date signed: 8-29-42

12 K 3

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 942-1135

Date Filed 9-8-42

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 [illegible]

Licensed Embalmer No. 3012

P. O. Address [illegible]

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.