V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37493

State File No.

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 182

59

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
320 Wilson Street 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 75 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Livingston 1
(c) City or town Chillicothe 2
(If outside city or town limits, write "RURAL")
(d) Street No. 320 Wilson Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Frank Comodor Bayles

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Frendie Bayles

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

7. Birth date of deceased June 1st. (Month) (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	5	14	hr. min.

9. Birthplace Chillicothe (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Butcher

11. Industry or business

FATHER
12. Name James W. Bayles
13. Birthplace (City, town, or county) Pa. 1 (State or foreign country)

MOTHER
14. Maiden name Amelia Holcomb
15. Birthplace (City, town, or county) N. C. 1 (State or foreign country)

16. (a) Informant James Bayles
(b) Address Defiance, Ohio

17. (a) Chillicothe (Burial, cremation, or removal) (b) Date thereof 11-18-'42 (Month) (Day) (Year)
(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director F. B. Norman CO.
(b) Address Chillicothe, Missouri.

19. (a) November 18-1942 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15th
year 1942 hour 10:000 minute P: M.

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

	Duration
Immediate cause of death Chronic Myocarditis	4 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 928	

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?
While at work? (Specify type of place) (e) Means of injury 0

23. Signature G. Pallen (M. D. or other)
Address Chillicothe Mo Date signed 11/17/42

20.

H28

(Licensed Embalmer's Statement on Reverse Side)

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 E. R. Norman, Registered Apprentice No. ....., working under my personal supervision.

Signed E R Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, 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.