

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

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
JAN 15 1943  
Registration District No. 156

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40986  
State File No. \_\_\_\_\_  
Registrar's No. 567

Primary Registration District No. 2001

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Jasper  
(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 Harry Albert Bailey  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 499-09-8538  
4. Sex male 5. Color of race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Pearl Bailey 6. (c) Age of husband or wife if alive 40 years  
7. Birth date of deceased Jan 29 1893 (Month) (Day) (Year)

8. AGE: Years 49 Months 10 Days 22 hr. min.

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

10. Usual occupation Merchant

11. Industry or business Retail & Jewelry

12. Name William B. Bailey  
13. Birthplace Mo. (City, town, or county) (State or foreign country)

14. Maiden name Patricia Dickerson  
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Pearl Bailey  
(b) Address R# 3 Box 84 Jasper

17. (a) Resurvation (b) Date thereof Dec 23 1942 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Galena, Kansas

18. (a) Signature of funeral director W. H. City Ltd Co  
(b) Address W. H. City Ltd Co

19. (a) 12-23-42 (b) Antiveduto Duboerty (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper  
(c) City or town Jasper  
(d) Street No. R# 3 Box 84 (If rural, give location)  
(e) If foreign born, how long in U. S. A. 1 years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 20 year 1942 hour 5 minute 0 M.  
21. I hereby certify that I attended the deceased from 529 13 1942 to 1942 that I last saw him alive on 529 13 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 938  
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 \_\_\_\_\_

23. Signature J. M. Gray (M. D. or other) Address Jasper Mo Date signed 12-23-42

42-12-1071

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**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 Myself  
....., Registered Apprentice No.....  
.....  
working under my personal supervision.

Signed Clayton M. Johnston  
Licensed Embalmer No. 4304  
P. O. Address West City, 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.**