

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6166

ED MAR 11 1943

Registration District No. 94

Primary Registration District No. 5343

Registrar's No.

1. PLACE OF DEATH

(a) County Dade
(b) City or town Rural North Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO (Specify whether
years, months or days) 8 years

3. (a) PRINT FULL NAME Henry Neal Bailey

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years 28 1880
7. Birth date of deceased July 28 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 7 2 hr. min.

9. Birthplace Cedar Co. Missouri
(City, town, or county) (State or foreign country)
Farmer

10. Usual occupation FARM

11. Industry or business FARM

12. Name Ben Benjamin Bailey

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

14. Maiden name Mary Brown

15. Birthplace Cedar Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Bailey

(b) Address Arcoola Missouri

17. (a) Burial (b) Date thereof 3-4-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenfield Cemetery

18. (a) Signature of funeral director Sam E. Linsney Jr.

(b) Address Greenfield, Missouri

19. (a) Mar 8-43 (b) Nora A. Pyle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED

(a) State Missouri (b) County Dade
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mile S. W. of Arcoola
(If rural, give location)
(e) If foreign born, how long in U. S. A. NO years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from March 2-43
to March 2 1943
that I last saw him alive on March 2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

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) (d) Means of injury

23. Signature J. O. Conner (M. D. or other)

Address Greenfield Date signed 3-6-43

RECEIVED

District Health Officer No. 6,

District File Number 343335

Date Filed MAR 9 1943

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

Sam C. Sensemyer Jr.

Licensed Embalmer No. 4099

P.O. Address Greenfield, Miss.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.