

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6833

State File No.

Registrar's No. 19

FILED MAR 15 1943

Primary Registration District No. 4284

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town LaBelle
(c) Name of hospital or institution: none
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether years, months or days) 50yrs

3. (a) PRINT FULL NAME Lewis D. Bailey

3. (b) If veteran, name war no 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 Ira M. Bailey 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased June 12 1857
(Month) (Day) (Year)

8. AGE: Years 85 Months 7 Days 28
If less than one day hr. min.

9. Birthplace Hancock County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Fuel Dealer

11. Industry or business --

12. Name John I Bailey 13. Birthplace Chester Pennsylvania
(City, town, or county) (State or foreign country)

14. Maiden name Phoebe Sheward 15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl M. Mattingly (b) Address Chicago, Illinois

17. (a) Burial (b) Date thereof Feb 12-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Reathaven Abbey Cemetery
LaBelle, Illinois

18. (a) Signature of funeral director Norman D. Bodre (b) Address LaBelle, Missouri

19. (a) Feb. 11, 1943 (b) P. W. Jennings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town LaBelle,
(If outside city or town limits, write "RURAL")
(d) Street No. none
(If rural, give location)
(e) If foreign born, how long in U. S. A.? -- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10 year 1943 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from Aug 1942 to Feb 10th, 1943
that I last saw him alive on Feb 9th, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Similarity Duration

Due to Heart to Myocarditis

Due to --

Other conditions (Include pregnancy within 3 months of death) 9 32

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 --

(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) (e) Means of injury --

23. Signature H. H. McLean (M, D, or other) MD

Address LaBelle Feb 10 1943

RECEIVED

District Health Officer No. 10

District File Number 2-43-553

Date Filed MAR 12 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

Norman D. Loder

Licensed Embalmer No. 3721

P. O. Address LaBelle, 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.