

FILED DEC 11 1943
Registration District No. **128**

Primary Registration District No. **2000**

1. PLACE OF DEATH:

(a) County **GREENE**
Springfield
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Maple Lawn Rest Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **about 3 Months**
(Specify whether
In this community **2 Yrs.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene 39**
(c) City or town **Springfield, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **1295 N. Johnson.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **1**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **23**
year **1943** hour **2:30** minute **A.M.** M.
21. I hereby certify that I attended the deceased from **11-12-1943** to **11-22-1943**
that I last saw him alive on **Nov 14** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) **§3a**

Major findings:
Of operations _____
Of autopsy _____

Duration
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 **W. Handley** (M. D. or other) _____
Address **Springfield Mo** Date signed **11-22-43**

3. (a) PRINT FULL NAME **Ferdinand I. Bailey**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Myra C. Bailey** 6. (c) Age of husband or wife if alive **86** years

7. Birth date of deceased **August 6th. 1854**
(Month) (Day) (Year)

8. AGE: Years **89** Months **3** Days **16** If less than one day hr. min.

9. Birthplace **East St. Louis, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter and Farmer**

11. Industry or business **None**

12. Name **Isaac Bailey**

13. Birthplace **New York, N.Y.** (City, town, or county) (State or foreign country)

14. Maiden name **Sarah Spencer**

15. Birthplace **Bristol, Pa.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Octavia Reberry**

(b) Address **1295 N. Johnson, Springfield, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11-25, 1943** (Month) (Day) (Year)

(c) Place of burial or cremation **Fair View, Mo.**

18. (a) Signature of funeral director **Dunn Funeral Home,**
(b) Address **Springfield, Mo.**
19. (a) **11-23-43** (Date received local registrar) (b) **W. Handley** (Registrar's signature)

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

MOTHER FATHER

980-

W

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 *Charles H. M. G. G. G.*
Licensed Embalmer No. *2891*

P. O. Address.....

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.