

FILED FEB 9 1944

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 49

1. PLACE OF DEATH

(a) County Wagoner

(b) City or town Galena

(c) Name of hospital or institution: S. J. Smith's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee

(c) City or town Galena
(If outside city or town limits, write "RURAL")

(d) Street No. 2204 Main St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Raymond Ora Bailey

3. (b) If veteran, name war No

3. (c) Social Security No. 513-10-8084

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19 year 1944 hour 12 minute 25 M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife No 6. (c) Age of husband or wife if alive N.D. years

7. Birth date of deceased: Oct. 23 - 1913
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 10 1944 to Jan 19 1944 that I last saw him alive on Jan 19 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

30 3 25 hr. min.

Immediate cause of death: Lobar Pneumonia 2 weeks

Due to: Phthisis Florida

9. Birthplace Galena, Kansas
(City, town, or county) (State or foreign country)

Other conditions: (Include pregnancy within 3 months of death)

Due to:

10. Usual occupation Mechanic

Major findings: Of operations 108

Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

11. Industry or business Garage

12. Name Ora Wallace Bailey

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

14. Maiden name Essel All

15. Birthplace Galena, Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Effel Bailey

(b) Address Galena, Kansas

17. (a) P. Embal (b) Date thereof Jan. 19 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galena - Kans.

18. (a) Signature of funeral director Frank Adleson

(b) Address Galena

19. (a) 1-19-44 (b) Arthur S. Sutharth
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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) While at work? (Specify means of injury)

23. Signature Arthur S. Sutharth (M. D. or other) 1/19/44
Address Galena Mo Date signed

204 (Licensed Embalmer's Statement on Reverse Side)

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

19
2
5

44-46

MAR 12 1945

FEB 10 1944

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.....

Removed to Galena Kan....., Registered Apprentice No.....
working under my personal supervision. *No. Emb*

Signed *Frank Allison*.....

Kan Licensed Embalmer No. *1321*

P. O. Address *Galena Kan*

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.