

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35437
Registrar's No.

Registration District No. 335

Primary Registration District No. 4492

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Oran
(If outside city or town limits, write "RURAL" and name of township)
(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 1
(Specify whether
In this community 20 yrs.
years, months or days)

3. (a) PRINT
FULL NAME

Heic Jackson Bailey

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex Male 5. Color or
race White

6. (a) Single, widowed, married,
divorced 1

6. (b) Name of husband or wife

Ina Dale Bailey

6. (c) Age of husband or wife if

alive 45 years

7. Birth date of deceased November 12 1891
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

52

10

1

hr.

min.

9. Birthplace

(City, town, or county)

Kentucky
(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

William Bailey

13. Birthplace

(City, town, or county)

Kentucky
(State or foreign country)

14. Maiden name

Mary McMullin

15. Birthplace

(City, town, or county)

Kentucky
(State or foreign country)

16. (a) Informant

Mrs. Heic Bailey

(b) Address

Oran Missouri

17. (a)

Moiley

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

Hessner Funeral Home

(b) Address

Oran Mo

19. (a)

Heic Bailey

(b)

Heic Bailey

(Date received from registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100
(c) City or town Oran 4
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13
year 1944 hour 8:00 AM minute M.

21. I hereby certify that I attended the deceased from

_____ 19____, to _____ 19____;

that I last saw him _____ alive on _____ 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Internal Chest - Duration

Injury - Left Side of
Chest Crushed -

Due to ACCIDENT.

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 sta-
tistically.

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

(a) Accident, suicide, or homicide (specify) Accident 100

(b) Date of occurrence Sept - 13 - 1944

(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?

On County Road - S.W. of Oran Mo

While at work Yes (Specify type of place) (e) Means of injury

23. Signature Heic Bailey (Name)
Address Heic Bailey (Address) Date signed 9/13/44

10-2-44732 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2,

District File Number 1044732

Date Filed 10-11-44

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

Raymond Crews

Licensed Embalmer No. 3467

P. O. Address

Sikeston 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, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Nov

Registration District No. *235*

Primary Registration District No. *442*

Registrar's No.

1. PLACE OF DEATH:

(a) County *Scott*
(b) City or town *Oran*
(If outside city or town limits, write "RURAL" and name of township)
(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

Acie Jackson Bailey

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex *M* 5. Color or race *W*

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive

7. Birth date of deceased *Nov. 12*
(Month) (Day) (Year)

8. AGE: Years *52* Months *10* Days *15*
If less than one day min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Sept* Day *13*
year *1944* hour minute M.

21. I hereby certify that I attended the deceased from
1919 to 1919

that I last saw him alive on
and that death occurred on the date and hour stated above
Immediate cause of death

Internal Chest Injury - Left side of chest crushed

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

Farm & Market Road South West
While at work? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

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

SUPPLEMENT

35437