. No. 2
9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1944

Registration District No. 379

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35599

Primary Registration District No. 6287

Registrar's No. 15

1. PLACE OF DEATH:

(a) County WRIGHT

(b) City or town PLEASANT VALLEY TWP RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6 MILES SOUTH OF MANSFIELD MO
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
In this community 59 yrs 5 Mo 22 Days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WRIGHT

(c) City or town PLEASANT VALLEY TWP-RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. 6 MILES SOUTH OF MANSFIELD MO.
(If rural, give location)

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

3. (a) PRINT FULL NAME ALBERT B. BAILEY

3. (b) If veteran, name war NONE

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 GEORGIA L BAILEY

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased MAY (Month) 8 (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
59	5	22	hr. min.

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

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name GEORGE W. BAILEY
13. Birthplace HARRISON CO. (City, town, or county) INDIANA (State or foreign country)

MOTHER
14. Maiden name ADALINE BONAMPS
15. Birthplace HARRISON CO (City, town, or county) INDIANA (State or foreign country)

16. (a) Informant Georgia L. Bailey
(b) Address Mansfield Mo R-2

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Oct 8 1944 (Month) (Day) (Year)

(c) Place: burial or cremation CEDAR GAP CEMETERY

18. (a) Signature of funeral director F. A. Steffe
(b) Address MANSFIELD MO.

19. (a) Oct 11 1944 (Date received local registrar) (b) S. V. Hensley (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month SEPT day 30
year 1944 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from Aug 17, 1944 to SEPT 27 1944
that I last saw him alive on SEPT 27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia - Emphysema	
Due to Pathological tissue decomposition of Prolonged	
Due to lung affection.	
Other conditions Anasarka dropsy (Include pregnancy within 3 months of death)	

Major findings:
Of operations None

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

23. Signature M. V. Kilgore (M. D. or other)
Address Mansfield Mo Date signed Oct 24 1944

(Licensed Embalmer's Statement on Reverse Side)

12-7

RECEIVED
District Health Officer No. 6,
District File Number 1044-1049
Date Filed OCT 16 1944

OCT 19 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 .....

....., Registered, Apprentice, No. .....

working under my personal supervision.

Signed F. G. Stapp

Licensed Embalmer No. 3221

P. O. Address Mansfield La

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.