

FILED NOV 28 1944

Primary Registration District No. 2001

Registrar's No. 550

1. PLACE OF DEATH:  
 (a) County **JASPER**  
 (b) City or town **JOPLIN**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**ST. JOHNS**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **3 WEEKS**  
(Specify whether years, months or days)  
 In this community **7 MONTHS**

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **MO.** (b) County **JASPER 49**  
 (c) City or town **JOPLIN**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **2518 EAST SEVENTH**  
(If rural, give location)  
 (e) Citizen of foreign country? **NO.** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **LEAH JEAN BAILEY**  
 3. (b) If veteran, name war **NO**  
 3. (c) Social Security No. **NO.**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **NOV.** day **14**  
 year **1944** hour **5-00 P.M.** minute \_\_\_\_\_ M.

4. Sex **F** 5. Color or race **W**  
 6. (a) Single, widowed, married, divorced **SINGLE**  
 6. (b) Name of husband or wife **NONE**  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **MARCH 21 1944**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **10. 25**, 19**44** to **11. 14**, 19**44**;  
 that I last saw her alive on **11. 14**, 19**44**;  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**7 24** hr. \_\_\_\_\_ min.

Immediate cause of death  
**Congenital Syphilis (Cerebro spinal)**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace **JOPLIN MO.**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **NONE**  
 11. Industry or business **NONE**

Other conditions (Include pregnancy within 3 months of death)  
**307**  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

MOTHER FATHER  
 12. Name **VELMAN BAILEY**  
 13. Birthplace **RAPID CITY S. D.**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **JANETTO HEADMAN**  
 15. Birthplace **STROMSBURG NEB.**  
(City, town, or county) (State or foreign country)

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 \_\_\_\_\_

16. (a) Informant **MRS. VELMAN BAILEY**  
 (b) Address **JOPLIN MO**  
 17. (a) **BURIAL** (b) Date thereof **11 16 44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **FAIRVIEW CEM. HURLEUT UND. CO.**  
 18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address **JOPLIN MO**  
 19. (a) **11-14-44** (b) *Gertrude S. Sutherland*  
(Date received local registrar) (Registrar's signature)

23. Signature *[Signature]* (M. D. or other) **0**  
 Address **Joplin Mo** Date signed **11/14/44**

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

79  
2  
5

*[Handwritten notes]*

*10/24*

44-11-952

**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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed

*Cory J. Harlow*

.....  
Licensed Embalmer No. ....

959

P. O. Address.....

*Joplin, 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.**