

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40554

State File No.

FILED DEC 16 1944

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Barry
(b) City or town rural
(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 6 wks.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. Clewer. R#1.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Erasmus Fisher Bailey

3. (b) If veteran, name war L 3. (c) Social Security No. 550-22-9446

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 21 - 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 11 21 _____ hr. _____ min.

9. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business _____

12. Name William Bailey

13. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

14. Maiden name Susie Taylor

15. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. H. Maples

(b) Address Clewer. Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct. 15 - 44
(Month) (Day) (Year)

(c) Place: burial or cremation Masonic cem - Crane

18. (a) Signature of funeral director J. W. Maples

(b) Address Clewer - Mo.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12
year 1944 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from Aug. 12, 1944, to Oct. 12, 1944;
that I last saw him alive on Oct. 12, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Thrombosis
Due to _____

Due to _____

Other conditions Hepatic Chirrosis
(Include pregnancy within 7 months of death)

Major findings: Of operations _____

Of autopsy _____

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 F. Avery Watson, D.O.

Address Verona, Mo. Date signed 10-15-44

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

500

MOTHER FATHER

1320

OCT 23 1957

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

J. H. Maples

Licensed Embalmer No.

2985

P. O. Address

Clewer 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.