

FILED FEB 19 1945

Registration District No. 178

Primary Registration District No. 566 4281

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Canton
(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 35 yrs.
years, months or days)

3. (a) PRINT FULL NAME ROBERT OLIVER 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 Leni Leoti Clark 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Aug. 23 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 5 4 hr. min.

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

10. Usual occupation Retired Minister

11. Industry or business

12. Name Alfred U. Bailey

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

14. Maiden name Elizabeth Marksburg

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

16. (a) Informant Lynn Bailey

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof Jan. 28, '45.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Emerson, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address [Signature]

19. (a) Jan. 30, 1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town Canton
(If outside city or town limits, write "RURAL")
(d) Street No. 909 Clark St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27
year 1945 hour 7 minute 4 M.

21. I hereby certify that I attended the deceased from Jan. 21, 1945, to Jan. 26, 1945
that I last saw him alive on Jan. 26, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 week

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?
(Specify type of place)

While at work? (b) Means of injury.....

23. Signature [Signature] (M. D. or other) DO

Address Canton, Mo. Date signed 1/27/45

RECEIVED
District Health Officer No. 10
District File Number 2-45-366
Date Filed FEB 16 1945

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

Earl H. Buckley

Licensed Embalmer No. 2615

P. O. Address Canton, 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.