

Filed JUN 29 1945 28

Primary Registration District No. 15465

Registrar's No. 493

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

1. PLACE OF DEATH: **GREENE**

(a) County **GREENE**

(b) City or town **Bural - N. Campbell Twp.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **861 KEN WOOD (R.F.D.#5) /**  
(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 **LEWIS R. BAILEY**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **506-05-2922**

4. Sex **male** 5. Color or race **white**

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

6. (b) Name of husband or wife **MARY ETTA BAILEY**

6. (c) Age of husband or wife if deceased **58** years

7. Birth date of deceased **Feb. 15, 1883**  
(Month) (Day) (Year)

8. AGE: Years **62** Months **4** Days **16** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Quail**

11. Industry or business **O'Reilly Gen. Hospital**

MOTHER FATHER { 12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mary Etta Bailey**

(b) Address **SPRINGFIELD MO. (R#5)**

17. (a) Burial (b) Date thereof **6-24-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenlaw Cemetery**

18. (a) Signature of funeral director **J. Klingner & Co.**

(b) Address **SPRINGFIELD MO.**

19. (a) **6-23-45** (b) **O. W. Hunsley**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **GREENE**

(c) City or town **SPRINGFIELD - N. CAMPBELL Twp**  
(If outside city or town limits, write "RURAL")

(d) Street No. **861 KEN WOOD (R.F.D.#5) /**  
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **21**  
year **1945** hour **2** minute **00** P. M.

21. I hereby certify that I attended the deceased from **6-8-**  
19 **45**, to **6-12-** 19 **45**

that I last saw him alive on **6-12-** 19 **45**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial deficiency** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **General decomposition of heart**  
(Include organ(s) within 3 months of death)

Major findings: **ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED**

Of operations \_\_\_\_\_

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)

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 **O. E. Feller** (M. D. or other) \_\_\_\_\_  
Address **Springfield, Mo.** Date signed **6-22-45**

JUN 28 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

*Max Hodges*  
.....  
Licensed Embalmer No. *4071*  
.....  
P. O. Address *Springfield*  
.....  
X

**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.