

FILED AUG 7 1945
Registration District No. **763**

Primary Registration District No. **3031**

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

1. PLACE OF DEATH:

(a) County **Jefferson**
(b) City or town **Debato**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **711 Calumet St.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **50 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jefferson**
(c) City or town **Debato**
(If outside city or town limits, write "RURAL")
(d) Street No. **711 Calumet St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **DELLAH BAILEY**

3. (b) If veteran, name war **—** 3. (c) Social Security No. **—**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Albert S. Bailey** 6. (c) Age of husband or wife if alive **79** years

7. Birth date of deceased **May 4 1869**
(Month) (Day) (Year)

8. AGE: Years **76** Months **2** Days **8** If less than one day hr. min.

9. Birthplace **Wichita, Texas**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business

12. Name **Ephraim Hammers**

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

14. Maiden name **Anne Seagriff**

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

16. (a) Informant **Alvin Revington**
(b) Address **Debato Mo**

17. (a) **Burial** (b) Date thereof **July 18 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Olive Cemetery, Debato, Mo**

18. (a) Signature of funeral director **Donald B. DeB...**
(b) Address **Debato, Mo**

19. (a) **7-30-45** (b) **Fern Spencer**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **16**
year **1945** hour **4** minute **a.** M.

21. I hereby certify that I attended the deceased from **June 24 1945**
to **July 16 1945**
that I last saw him alive on **July 16 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Mitral Insufficiency with cardiac decompensation**
Due to

Due to
Other conditions **Chronic nephritis**
(Includes pregnancy within 3 months of death)
& edema of the brain

Major findings:
Of operations
Of autopsy **None**

Duration
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?

While at work? (Specify type of place) (a) Means of injury
23. Signature **Walter E. ...** (M-D. or other) **Mo.**
Address **Debato, Mo** Date signed **7-19-45**

RECEIVED

District Health Officer No. 9, ...

District File Number.....

Date Filed 8-6-45

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..... *Emuel B. Deibel*

Licensed Embalmer No. 4104

P. O. Address..... *Deheto 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.