

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

**1. PLACE OF DEATH:**  
 (a) County Howell  
 (b) City or town West Plains  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Christa Logan Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... 0 (Specify whether  
 In this community..... years, months or days)

**3. (a) PRINT FULL NAME** John Henry Bayless  
**3. (b) If veteran,**  name war..... **3. (c) Social Security** No. ....

**4. Sex** MO **5. Color or race** W **6. (a) Single, widowed, married,** divorced M  
**6. (b) Name of husband or wife** Belle Bayless **6. (c) Age of husband or wife if** alive..... years  
**7. Birth date of deceased**..... (Month) 10 (Day) 22 (Year) 1870

**8. AGE:** Years 75 Months 6 Days..... If less than one day  
 hr. min.

**9. Birthplace** Butler Co Mo  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Farmer

**11. Industry or business**.....

**MOTHER FATHER**  
**12. Name** John Alfred Bayless  
**13. Birthplace**.....  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Elizabeth Leopard  
**15. Birthplace**.....  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. H Bayless  
**(b) Address** West Plains, Mo.

**17. (a)** B **(b) Date thereof** 7-8-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Oak Lawn

**18. (c) Signature of funeral director** Robertsons

**(b) Address** West Plains, Mo.

**19. (a)** 10-26-46 **(b)** Madge Harrison  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County Howell  
 (c) City or town West Plains  
(If outside city or town limits, write "RURAL")  
 (d) Street No. ....  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month 7 day 5  
 year 1946 hour 9 minute 15 P.M.

**21. I hereby certify that I attended the deceased from** Jan. 1, 1946 to July 5, 1946  
 that I last saw im alive on July 5, 1946, 19.....  
 and that death occurred on the date and hour stated above.

Immediate cause of death cancer of stomach Duration 6 mo.

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings: 46B  
 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)

(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** Madge Harrison  
 Address West Plains, Mo.

**Address** West Plains, Mo.

RECEIVED

District Health Officer No. 5,

District File Number 1146685

Date Filed 1-13-46

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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 D A Robertson

Licensed Embalmer No. 3432

P. O. Address West Plains

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.