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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 24 1947

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 1 Primary Registration District No. 5000 Registrar's No. 7

**1. PLACE OF DEATH:**

(a) County Adair
(b) City or town Kirksville Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Infirmary 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 years (Specify whether
In this community Life years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Adair 1
(c) City or town Kirksville 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME James Edgar Bailey
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 4 (Day) 1888 (Year)

8. AGE: Years 58 Months 1 Days 5 If less than one day hr. min.

9. Birthplace Adair County (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Retired farmer
11. Industry or business
FATHER
12. Name James M. Bailey
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Sarah J. Mikel
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Erma Bailey
(b) Address Kirksville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/1/47 (Month) (Day) (Year)
(c) Place: burial or cremation New Harmony Cmt.
18. (a) Signature of funeral director [signature]
(b) Address Kirksville, Missouri
19. (a) 1-16-47 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 29 year 1946 hour 12:30 minute P. M.
21. I hereby certify that I attended the deceased from , 19 , to Dec 29 , 1946
that I last saw him alive on Dec 29 , 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 94A

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature [signature] (M. D. or other) DO
Address Kirksville Mo Date signed 1-12-47

(Licensed Embalmer's Statement on Reverse Side)

Office No 10
1:47:147
JAN 23 1947

## 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 [illegible]

Licensed Embalmer No. 4181

P. O. Address [illegible]

**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.**