

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

103

State File No. _____

Registrar's No. 3

Filed JAN 23 1947

Primary Registration District No. 5086

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Johnstown
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME VOLNEY W. BAILEY

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

4. Sex M 5. Color or race W
6. (b) Name of husband or wife Ida Bailey
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Feb. 15 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 10 24 _____ hr. _____ min.

9. Birthplace LaPorte Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Abner Bailey
13. Birthplace LaPorte W. Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Maria Carr
15. Birthplace Greensburg Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Wife Ida Bailey
(b) Address Johnstown Missouri

17. (a) Burial (b) Date thereof Jan. 12 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Johnstown Cemetery

18. (a) Signature of funeral director Booth Funeral Home
(b) Address Butler, Missouri

19. (a) Jan. 11-47 (b) Franklin Perry
(Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8
year 1947 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him alive on dead on arrival, 19____;
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 _____

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 Coroner
23. Signature John G. Butler (M. D. or other)
Address Butler Mo Date signed 1-9-47

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

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.

If this body is not embalmed, fact should be so stated above.