

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8580**
Registrar's No. **31**

Registration District No. **120**

Primary Registration District No. **4195**

1. PLACE OF DEATH:

(a) County **Gentry**
(b) City or town **Gentry**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(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 **George Washington Bailey**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Margaret Bailey** 6. (c) Age of husband or wife if alive years
7. Birth date of deceased **August 4 1850**
(Month) (Day) (Year)

8. AGE: Years **96** Months **7** Days **21**
If less than one day: hr. min.

9. Birthplace **Paris, Ill.**
(City, town or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Geo W. Bailey**
13. Birthplace **Gentry, Mo.**
(City, town or county) (State or foreign country)
14. Maiden name **Gentry**
15. Birthplace **Gentry, Mo.**
(City, town or county) (State or foreign country)

16. (a) Informant **Charles Blaylock**
(b) Address **Gentry, Mo.**

17. (a) **Burial** (b) Date thereof **3/25/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **First Friends Church**

18. (a) Signature of funeral director **W. H. H. H. H.**

(b) Address **Albany, Missouri**

19. **April 1947** (b) **James D. H. H.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **24**
year **1947** hour **11** minute **00**

21. I hereby certify that I attended the deceased from **Jan 2**
19 **47** to **3 24** 19 **47**

that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death

Simple pneumonia — with minimal complications

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **no**

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) (c) Means of injury

23. Signature **W. H. H. H.** (M. D. or other)

Address **Gentry, Mo.** Date signed **3-26-47**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 me

....., Registered Apprentice No.,
working under my personal supervision.

Signed.....

Lefford Brooks
.....
Licensed Embalmer No. 3329

P. O. Address Albany, Missouri

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.