

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9844**
Registrar's No. **30**

Registration District No. **178**

Primary Registration District No. **5664**

1. PLACE OF DEATH:

(a) County **Lewis County Mo.**
(b) City or town **Rural Reddish Twp**
(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 **Charles Omer 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 **Married**
6. (b) Name of husband or wife **Emma Bailey** 6. (c) Age of husband or wife if alive **66** years
7. Birth date of deceased **Oct. 9 1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 3 18 hr. min.

9. Birthplace **Lewis County Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER { 12. Name **Alfred M. Bailey**
13. Birthplace **Indiana**
(City, town, or county) (State or foreign country)
14. Maiden name **Nancy Foust**
15. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **James A. Bailey**
(b) Address **Rutledge, Mo.**

17. (a) **Burial** (b) Date thereof **March 1'47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Bailey Cemetery**

18. (a) Signature of funeral director **Gerth & Book**
(b) Address **Myersville Mo**
19. (a) **3/5/47** (b) **Provenzano**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **27**
year **1947** hour **11:30** minute **P.M.**
21. I hereby certify that I attended the deceased from **Nov. 29th**
1946 to **Feb. 27 1947**
that I last saw him alive on **Feb. 27** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Atherosclerosis**
Cardiovascular
Renal disease
Due to **2/27/47**
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) Means of injury

23. Signature **A. H. Villard** (M. D. or other)
Address **213 W. 11th Mo.** Date signed **3/4/47**

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 3-47-278
MAR 18 1947
Date Filed

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..... *George J. Bonke*

Licensed Embalmer No. *1817*

P. O. Address *Myacoda, Sn*

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.