

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10232**

FILED MAR 21 1947

Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **92**

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
636 E. 5th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **30 Yrs.**
(Specify whether years, months or days)
In this community **30 Yrs.**

3. (a) PRINT FULL NAME **Henry Bail**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **702-10-2329**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Fannie Bail** 6. (c) Age of husband or wife if alive **67** years
7. Birth date of deceased **Sept. 27 1878**
(Month) (Day) (Year)

8. AGE: Years **68** Months **5** Days **11** If less than one day hr. min.

9. Birthplace **Pilot Grove Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Retired M.K.T. Employee**

11. Industry or business _____
12. Name **Minrod Bail**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Fannie Bail**
(b) Address **Sedalia, Mo.**

17. (a) **Burial** (b) Date thereof **3/10/1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Crown Hill Cemetery**

18. (a) Signature of funeral director **Charles J. ...**
(b) Address **Sedalia, Mo.**

19. (a) **3-10-47** (b) **Betty Yeager**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **Sedalia**
(If outside city or town limits, write "RURAL")
(d) Street No. **636 E. 5th St.**
(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 **8** year **1947** hour **6** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **over 3 years** 19 **March 8** 19 **47**
that I last saw him alive on **March 8** 19 **47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardio-hepatic** Duration **3 years**
Due to **Old Pt. Hemiplegia** 2 years

Due to **Arterio-sclerotic**
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **None** 131 P
Of operations _____
Of autopsy **None**
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) **None**
(b) Date of occurrence **None**
(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 **0**
23. Signature **J. B. Carver M.D.** (M. D. or other)
Address **Sedalia Mo.** Date signed **3-10-47**

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

251

(Licensed Embalmers' Statement on Reverse Side)

RECEIVED

District Health Officer

District File Number.....

Date Filed 3-12-47

MAR 25 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 John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Sedalia, Mo.

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.