S. No. 2
M—8-43
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I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12408

Registration District No. 24 Primary Registration District No. 4035 Registrar's No.

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Rockville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 6 WEEKS

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates 7
(c) City or town Roeville 9
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 5
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lester Lee Bailey
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Bertha Bierent
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased May (Month) 26 (Day) 1886 (Year)

8. AGE: Years 60 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Rockville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Gideon Bailey
13. Birthplace Dnkd (City, town, or county) (State or foreign country)
14. Maiden name Rosa Mattox
15. Birthplace Not Known (City, town, or county) (State or foreign country)
16. (a) Informant Bertha Bailey
(b) Address Rockville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Rockville Cem
18. (a) Signature of funeral director Frank Lee
(b) Address Appleton City Mo
19. (a) April 2, 1947 (Date received local registrar) (b) Mrs. Wilbert Steiner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 10
year 1947 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from Feb. 15, 1947, to Apr. 10, 1947; that I last saw him alive on Apr. 8, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Dineal Carcinoma of face and neck	1 yr.
Due to: Epithelioma of face	2 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none performed
Of autopsy none performed

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 2

23. Signature M. D. Bjerke (M. D. or other) P.O.
Address Rockville Mo. Date signed 4/4/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 3-47-440
Date Filed 4-16-47

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...~~ on the 10th day of Apr 1947, Registered Apprentice No. ....., working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City 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.