DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 16 1947
Registration District No. 11

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26683

Primary Registration District No. 5041

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Rural Flat Creek
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Rural
(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

3. (a) PRINT FULL NAME George L. Bailey
3. (b) If veteran, name war. —
3. (c) Social Security No. —

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 4 (Day) 1884 (Year)

8. AGE: Years 63 | Months 6 | Days 8 | If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Samuel Bailey 0
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan ANN Redding 0
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lloyd Williams
(b) Address Okla. City, Okla
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Okla Cemetery
18. (a) Signature of funeral director Culver Funeral Home
(b) Address Cassville, Missouri
19. (a) July 28-47 (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1947 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from July 9, 1947 to July 12, 1947 that I last saw him alive on July 12, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	7 Mo.
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature E. B. McDaniel M.D. (M.D. or other)
Address Cassville, Mo. Date signed 7/19/47.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 847-845
Date Filed ~~AUG 15 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.....
Ruby Elkins, Registered Apprentice No. 496,
working under my personal supervision.

Signed G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville

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.