

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28317

FILED SEP 10 1947
Registration District No. 197

Primary Registration District No. 5722

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Rural Easley Township
(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

3. (a) PRINT FULL NAME George W. 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 Mary E. Bailey

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased March 1 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>5</u>	<u>22</u>	_____ hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name George Bailey

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Mariah Swalley

15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mary E. Bailey

(b) Address Elmer Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof August 25 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Shairton Grove

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

(b) Address South Gifford Mo

19. (a) Sept 5 1947 (Date received local registrar)

(b) Stephene Hourigan (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. East of South Gifford Mo
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23
year 1947 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from Nov 16 1945 to Aug 23 1947
that I last saw him alive on Aug 24 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic nephritis

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? _____

23. Signature E. H. Jurvey (M. D. or other) _____

Address La Plata Mo

Date signed 9-24-47

RECEIVED
District Health Officer No. 10
District File Number 947-1221
Date Recd SEP - 9 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 W. H. McCallum

Licensed Embalmer No. 2052

P. O. Address South Gifford 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.