S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 25 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35097

Registration District No. 225 Primary Registration District No. 5797 Registrar's No. 14

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

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town Fortuna
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Most of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau 68
(c) City or town Fortuna
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Native.

3. (a) PRINT FULL NAME John N. Bailey
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Bailey
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased May (Month), 6th (Day), 1873 (Year)

8. AGE: Years 74 Months 5 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Moniteau County (City, town, or county), Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Retired
FATHER
12. Name Commodore Bailey
13. Birthplace Unknkown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Wood
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Alice Bailey (wife)
(b) Address Fortuna, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/13/47 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cemetery, Tipton, Mo.
18. (a) Signature of funeral director Janelle E. Richards
(b) Address Tipton, Mo
19. (a) Oct. 14-1947 (Date received local registrar) (b) Mrs. Maude Hudson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10-11 day ..... year 47 hour 10 30 minute A M.
21. I hereby certify that I attended the deceased from 1-1-46, 19..., to 10-11-47, 19...; that I last saw him alive on 10-11-47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Embolism	3 hrs.
Due to Carcinoma of prostate	2 yrs
Due to	
Other conditions Diabetes (Include pregnancy within 3 months of death)	Chr.

Major findings:
Of operations Ca of Bladder
Of autopsy None

PHYSICIAN
Underline the cause of 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 H. J. Hume MD (M. D. or other)
Address Tipton Mo Date signed 10-11-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10-24-42

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 Jeanette E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton 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.