No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 22 1948
Registration District No. 1

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11341

Primary Registration District No. 3000

Registrar's No. 112

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Gaun-Smith Memorial Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County LINN 58
(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. NORTH SALEM TWP. 0
(If rural, give location) 1
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Donnie Lynn Bailey
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex: Male 1
5. Color or race White
6. (a) Single, widowed, married, divorced Single 1
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased APRIL (Month) 7 (Day) 1948 (Year)

8. AGE: Years | Months | Days 3 | If less than one day hr. min.

9. Birthplace LINN Co (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation NONE
11. Industry or business NONE
FATHER
12. Name GLENN FRANKLIN BAILEY 0
13. Birthplace LINN Co. (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name BERNICE VIOLA PEAVLER
15. Birthplace LINN Co. (City, town, or county) Mo. (State or foreign country) 0
16. (a) Informant Glenn F Bailey
(b) Address New Boston, Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 12, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation NEW BOSTON CEM.
18. (a) Signature of funeral director Glenn E. Kent & Son
(b) Address Green City, Missouri
19. (a) 4-16-48 (Date received local registrar) (b) Nate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1948 hour 4 minute 20 A.M.
21. I hereby certify that I attended the deceased from April 10, 1948, to April 11, 1948;
that I last saw him alive on April 11, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhagic disease newborn	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Pneumonia, bronchial	2 days

Major findings:
Of operations
Of autopsy
107

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) 0
While at work? (e) Means of injury
23. Signature J. P. Kemp (M. D. or other) MD
Address Kirksville, Mo. Date signed 4/11/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 4-48-7
APR 20 1948
Date Filed

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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green 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.