No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 11 1948

Nusbaum

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11736

Registration District No. 53 | Primary Registration District No. 3010 | Registrar's No. 148

16
14

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

2. USUAL RESIDENCE OF DECEASED: 100
(a) State: Missouri (b) County: Scott
(c) City or town: Sikeston (If outside city or town limits, write "RURAL") 5
(d) Street No.: 202 Dorothy (If rural, give location) 2
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country:

3. (a) PRINT FULL NAME: Ralph Emerson Bailey
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: M 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: M 1
6. (b) Name of husband or wife: Agnes Bailey
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: 7 (Month) 14 (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	8	24	hr. min.

9. Birthplace: Harrison Co. (City, town, or county) Mo. (State or foreign country) 1
10. Usual occupation: Attorney
11. Industry or business: Private Practice
FATHER
12. Name: John L. Bailey
13. Birthplace: Franklin Co. (City, town, or county) Ill. (State or foreign country) 1
MOTHER
14. Maiden name: Honora Reeves
15. Birthplace: Harrison Co. (City, town, or county) Ill. (State or foreign country) 1
16. (a) Informant: Roger A. Bailey
(b) Address: Sikeston, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Sikeston, Mo.
18. (a) Signature of funeral director: H. W. Albritton
(b) Address: Sikeston, Mo.
19. (a) 5-7-48 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 8 year 1948 hour 3 minute 20 a M.
21. I hereby certify that I attended the deceased from 4-2-, 1948 to 4-8-48, 19..; that I last saw him alive on 4-8-48, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute vascular collapse	
Due to: Reaction to Blood transfusion.	
Due to:	
Other conditions: Allergic reaction to plasma (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Hypertrophied Prostate. D/W
Of autopsy: 3/13/W

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: Paul B. Nusbaum (M. D. or other) MD
Address: Cape Girardeau Mo. Date signed 4-15-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 548-600

Date Filed 5-10-48

OCT 13 1952

DEC 1 - 1952

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 John Allenton

Licensed Embalmer No. 2941

P. O. Address Sikeston 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.