

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 5 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Waller 30578
State File No.

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 284

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
500 S. Carr St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 Years (Specify whether
in this community years, months or days)

3. (a) PRINT FULL NAME LAWRENCE R. BAILEY

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 5, 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 1 25 hr. min.

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

10. Usual occupation Salesman

11. Industry or business.

MOTHER FATHER { 12. Name Joseph C. Bailey
13. Birthplace Liverpool England
(City, town, or county) (State or foreign country)
14. Maiden name Fanny Johnson
15. Birthplace Palmyra Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice Bailey
(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof 10-2-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director W. Heckart
(b) Address Sedalia, Mo.

19. (a) 10-2-48 (b) Betty Yeager
(Date received local registrar) (Registrator's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 500 S. Carr St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 30 day 30th
year 1948 hour 12 minute 30P M.

21. I hereby certify that I attended the deceased from
July 1, 1948 to Sept 30, 1948
that I last saw him alive on Sept 30, 1948
and that death occurred on the date and hour stated above

Immediate cause of death Melanotic Adeno-Carcinoma of abdomen
Primary Site Unknown Duration 9-12 mos

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Intestines matted together
Of operations Wish Carcinoma 7-14-48
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?

While at work? (Specify type of place) Means of injury

23. Signature G-L Waller (M. D. or other) MD
Address Sedalia Mo Date signed Oct 2-48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-4-48

NOV 17 1948

OCT 18 1948

NOV 10 1948

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 A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Sedalia, 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.