

State File No. **15342**

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

BIRTH NO.		REG. DIST. NO. 82		PRIMARY REG. DIST. NO. 5311		Registrar's No. 56	
1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Pilot Grove Mo c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION Near - Pilot Grove Mo				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pilot Grove, Miss. d. STREET ADDRESS (If rural, give location) Near Pilot Grove Mo			
3. NAME OF DECEASED (Type or Print) EDWARD - B. BAILEY				4. DATE OF DEATH May 1 - 1949			
5. SEX M.O.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 12 - 1870	
				9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Hours Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (State or foreign country) Poplarville Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William B. Baile		13b. MOTHER'S MAIDEN NAME Bertha Stearns - Bailey		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs E. Bailey, Pilot Grove Mo ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis, overwhelming infection ANTECEDENT CAUSES Due TO (b) Perforation, Intestine Due TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 29, 1949, to May 1, 1949, that I last saw the deceased alive on May 1, 1949, and that death occurred at 8:15 p.m., from the causes and on the date stated above.							
23a. SIGNATURE G.F. Humphreys (Degree or title)				23b. ADDRESS Pilot Grove Mo			
23c. DATE SIGNED May 3, 1949							
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 4 - 49		24c. NAME OF CEMETERY OR CREMATORY Pilot Grove		24d. LOCATION (City, town or county) (State) Pilot Grove Mo	
DATE REC'D BY LOCAL REG May 4 - 1949		REGISTER'S SIGNATURE J.E. Hooper 381		25. FUNERAL DIRECTOR'S SIGNATURE Hays & Painter, Pilot Grove Mo ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

MAY 9 RECD

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-14-49

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.....

working under my personal supervision.

Student
Student Embalmer

Signed.....

Student Embalmer No.

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, Wis.

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.