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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 31 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2025

State File No.

Registration District No. 33 — Primary Registration District No. 4044 — Registrar's No. 16

1. PLACE OF DEATH:

(a) County BOONE

(b) City or town STURGEON (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BOONE 10

(c) City or town STURGEON (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME JESSE EARNEST 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~~ CLARA BAILEY

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased JAN. (Month) 5 (Day) 1874 (Year)

8. AGE: Years 69 Months 11 Days 24 If less than one day hr. min.

9. Birthplace BOONE Co (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation RETIRED LABORER

11. Industry or business RAILROAD SECTION

FATHER
12. Name GEORGE BAILEY
13. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name ELIZABETH WADE
15. Birthplace (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Clara Bailey

(b) Address Sturgeon, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 31-1943 (Month) (Day) (Year)

(c) Place: burial or cremation LOCUST GROVE

18. (a) Signature of funeral director Barnes & Booth

(b) Address Sturgeon, Mo.

19. (a) 12-30-43 (Date received local registrar) (b) Mary Montgomery (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29 year 1943 hour 4 minute 15 P M.

21. I hereby certify that I attended the deceased from past several yrs to Dec 29, 1943, to Dec 29, 1943 that I last saw him alive on Dec 29 9:30 am, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Debiting Malitia

Due to

Due to

61

Other conditions ✓ (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

Duration

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? ✓ (Specify type of place)

While at work? (e) Means of injury? ✓

23. Signature W. A. Robinson (M. D. or other)

Address Sturgeon Mo Date signed 12-30-43

1251

(Licensed Embalmer's Statement on Reverse Side)

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.....A. E. Booth

Licensed Embalmer No.....4087

P. O. Address.....Sturgeon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.