

Registration District No. 167

Primary Registration District No. 4256

Registrar's No. 10

1. PLACE OF DEATH

(a) County Johnson
(b) City or town Hollister
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
in Hollister Mo. St. #
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 year
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Hollister
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sherman W. Bailey

3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-18-0716

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lottie M. Bailey 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Jan 3 1896
(Month) (Day) (Year)

8. AGE: Years 48 Months 1 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Cyphrus Bailey
13. Birthplace Warren Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Smith
15. Birthplace Charleston W. Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant May Lottie M. Bailey

(b) Address Hollister Mo.

17. (a) Funeral (b) Date thereof 3-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carpenter Cem

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo.

19. (a) 2-26-44 (b) Rathbone S. Conley Reg.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26
year 1944 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from June 2, 1942, to Feb 26, 1944, and that death occurred on the date and hour stated above.
I immediately saw him alive on Feb 25, 1944.

Immediate cause of death Chronic Myocarditis

Due to _____
Due to _____

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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

23. Signature Kelly Hawkins (M. D. or other)
Address Hollister Mo. Date signed 2/2/44

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

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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.....

Fred W. Keenan

Licensed Embalmer No..... *2478*

P. O. Address..... *Clenton 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.