

FILED MAR 25 1944

State File No. \_\_\_\_\_

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: 600 Rock Levering Hospital  
(If not in hospital or institution, write street number or location)

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

In this community Levering Hospital  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. 600 Rock  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Leonard Bailey

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Haas Bailey 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased August 27, 1870  
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Merchant Police

11. Industry or business \_\_\_\_\_

12. Name Squire Bailey

13. Birthplace Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Wamsley

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

16. (a) Informant Mrs. Emma Bailey

(b) Address 600 Rock Hannibal

17. (a) Burial (b) Date thereof 2/7/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Granview Burial Park

18. (a) Signature of funeral director Thos M Smith

(b) Address 902 Broadway Hannibal

19. (a) 2-11-44 (b) R H Connor  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4  
year 1944 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from 2-3, 1944, to 2-4, 1944  
that I last saw him alive on 2-4, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Left Lobar Pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Auricular Fibrillation  
arterio Sclerosis  
(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)

(e) Means of injury \_\_\_\_\_

23. Signature H D Daniel (M. D. \_\_\_\_\_)  
Address Hannibal, Mo Date signed 2-7-44

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

MOTHER FATHER

114!

**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.....

George T. Bond

....., Registered Apprentice No. 350

working under my personal supervision.

Signed.....



Licensed Embalmer No. 1204

P. O. Address. Hannibal Missouri

**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.**