S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 13 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13144

Registration District No. 73 Primary Registration District No. 3014 Registrar's No. 53

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 4 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Colorado (b) County 991

(c) City or town Burns Rural 5
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME EDWARD J. BAILEY

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha C. Bailey

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Sept (Month) 20 (Day) 1888 (Year)

8. AGE: Years 56 Months 7 Days 4 If less than one day hr. min.

9. Birthplace Clay Co (City, town, or county) Mo (State or foreign country) 1

10. Usual occupation Rancher

11. Industry or business General Ranch work

FATHER
12. Name John W. Bailey
13. Birthplace Clay Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Harriet A. Sewell
15. Birthplace Platt Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Martha C. Bailey
(b) Address Burns, Colorado

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27-45 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cem Kearney

18. (a) Signature of funeral director Leonard Fry
(b) Address Kearney Mo

19. (a) April 26-45 (Date received local registrar) (b) Helen Early (Registrar's signature)

4 26

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1945 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 25 1945 to Apr 24 1945
that I last saw him alive on April 24 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchogenic Carcinoma	6 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

49c

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 Glenn W. Hendrew (M. D. ~~or other~~)
Address Liberty, Mo Date signed 4/26/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5/11/45

MAY 31 1945

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 Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Kearney 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.