

FILED OCT 15 1945
Registration District No. 185

Primary Registration District No. 4300

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Laclede
(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 23 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58
(c) City or town Laclede 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME JOHN H. 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 Widowed
6. (b) Name of husband or wife Wife 6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased December 16 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER { 12. Name William Bailey
13. Birthplace Linn 1
(City, town, or county) (State or foreign country)
14. Maiden name Helen Hanover
15. Birthplace Linn County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Bailey
(b) Address Brookfield Mo.

17. (a) Burial (b) Date thereof 9-18-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill - Brookfield, Mo

18. (a) Signature of funeral director W. H. Harn

(b) Address Laclede, Linn Co., Mo.

19. (a) 9-15-45 (b) Mo. Vera Rowland
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15
year 1945 hour 6 minutes 30 A. M.

21. I hereby certify that I attended the deceased from May, 1939 to Sept. 15, 1945;
that I last saw him alive on Sept. 12, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart.

Due to Congestive heart failure

Due to Chronic Myocarditis

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

Major findings:
Of operations _____
Of autopsy Asd

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 2

23. Signature Daniel R. Linn (M. D. or other) 2
Address Laclede Date signed 9-15-45

454

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

58
0
J

RECEIVED
District Health Officer No. 11,
District File Number _____
Date Filed _____

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 me

My Thorne, Registered Apprentice No. _____

working under my personal supervision.

Signed My Thorne

Licensed Embalmer No. 2876

P. O. Address Laedde, 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.