

FILED JUN 20 1946

Registration District No. 137

Primary Registration District No. 5503

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Rural - Bethlehem Twp.  
(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 at home  
(Specify whether  
In this community 14 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 420  
(c) City or town "Rural"  
(If outside city or town limits, write "RURAL")  
(d) Street No. Bethlehem Twp  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLEY OTIS BAILEY

3. (b) If veteran, name war no 2 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife: \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: 2 21 1881  
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 11 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Plumber

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

MOTHER FATHER { 12. Name John Bailey  
13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Reid  
15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eva Davis

(b) Address Clinton R.F.D. Mo.

17. (a) Burial (b) Date thereof 6-4-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethlehem Cemetery

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo

19. (a) 6-4-46 (b) H. R. Kennedy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2  
year 1946 hour 4 15 minute P.M.

21. I hereby certify that I attended the deceased from July 1915 to June 2 1946  
that I last saw him alive on May 30  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
Due to unknown

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations 930  
Of autopsy \_\_\_\_\_

Duration

2 yrs

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 S. B. Hughes (M. D. or other) M.D.  
Address Clinton Mo Date signed 6/3/46

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

RECEIVED

District Office No. 7,

District File Number 5-46-592

Date Filed 6/10/46

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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 Wilkinson*

Licensed Embalmer No.....

2478

P. O. Address.....

*Clinton, 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.