S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 29 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18588

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5121

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

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 5yrs 1mo 1da. (Specify whether
In this community 23years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1347 January
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JESSE JAMES BAYLESS

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 single

6. (b) Name of husband or wife

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

7. Birth date of deceased September (Month) 24th (Day) 1898 (Year)

8. AGE: Years 48 Months 7 Days 27 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business -

FATHER
12. Name William Bayless
13. Birthplace Arkansas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rebecca Ferling
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant J. Singler
(b) Address 5400 Arsenal St

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bourbon, Mo

18. (a) Signature of funeral director M. J. Croghan
(b) Address 7146 Manchester

19. (a) MAY 22 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st year 1947 hour 4:25 minute A. M.

21. I hereby certify that I attended the deceased from April 20, 1942, to May 21, 1947 that I last saw him alive on May 21, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Broncho-pneumonia c̄ pleurisy	2 weeks
Coronary Thrombosis c̄ infarction	2ds.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

94

Major findings:
Of operations

Of autopsy Yes

PHYSICIAN

Underline the cause of 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 L. Hofstaller (M. D. or other) M.D.

Address 5400 Arsenal St Date signed 5/21/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Elmo R. Cadwell

Licensed Embalmer No. 4079

P. O. Address.....

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.