S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 20 1947
Registration District No. 88

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37532
Registrar's No. 19

Primary Registration District No. 5326

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

1. PLACE OF DEATH:
(a) County Crawford
(b) City or town Rural (Meramec) (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution (Specify whether
In this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Crawford 28
(c) City or town Rural (If outside city or town limits, write "RURAL") 0
(d) Street No. 4 miles west of Steelville, Mo. (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Thomas Jefferson Bailey
3. (b) If veteran, name war - - -
3. (c) Social Security No. - - -
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Betty
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased May (Month) 15, (Day) 1870 (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	5	14	hr. min.

9. Birthplace Lyons Co., (City, town, or county) Kentucky (State or foreign country) 1
10. Usual occupation tie maker
11. Industry or business
FATHER
12. Name John Bailey
13. Birthplace - - - (City, town, or county) Kentucky (State or foreign country) 1
MOTHER
14. Maiden name Betty Odem
15. Birthplace - - - (City, town, or county) Kentucky (State or foreign country) 1
16. (a) Informant Mrs. Betty Bailey
(b) Address Steelville, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/3/47 (Month) (Day) (Year)
(c) Place: burial or cremation Eatons
18. (a) Signature of funeral director Thomas S Halbert
(b) Address Steelville, Missouri.
19. (a) 11-9-47 (Date received local registrar) (b) [signature] (Registrar's signature) 71

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29 year 1947 hour 4 minute 10 M.
21. I hereby certify that I attended the deceased from Jan 1, 1947, to Oct 28, 1947 that I last saw him alive on Oct 28, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Valvular Disease of heart.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 92D	
Of autopsy	

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 0
23. Signature R C Parker (M. D. or other)
Address Steelville Mo Date signed 11-3-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 114 7661
Date Filed 11-19-47

NOV 20 1947

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.

not embalmed

Signed .....

Licensed Embalmer No. .....

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.