

Registration District No. 11 Primary Registration District No. 5041 Registrar's No. 86

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Rural Flat Creek twp.
(c) Name of hospital or institution:
1 mi. S.W. of Cassville
(d) Length of stay: In hospital or institution 20 yrs.
In this community 20 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Ridgley
(d) Street No.
(e) Citizen of foreign country? no
If yes, name country.

3. (a) PRINT FULL NAME Shirden Bailey

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Bessie Bailey 6. (c) Age of husband or wife if alive years

7. Birth date of deceased December 7, 1895

8. AGE: Years 51 Months 8 Days 19 If less than one day hr. min.

9. Birthplace McDonald County, Mo.

10. Usual occupation Farmer & Laborer

11. Industry or business farming

12. Name Lewis Bailey

13. Birthplace Kentucky

14. Maiden name Mary Woldridge

15. Birthplace Ill.

16. (a) Informant Bessie Bailey

(b) Address Ridgley, Mo.

17. (a) burial (b) Date thereof 8/29/47
(c) Place: burial or cremation Hickman Cemetery

18. (a) Signature of funeral director Koon Funeral Home
(b) Address 1308 Main, Cassville, Mo.
19. (a) Date received local registrar Sept 10 - 1947 (b) Registrar's signature Grace Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26 year 1947 hour minute M.

21. I hereby certify that I attended the deceased from that I last saw h. alive on and that death occurred on the date and hour stated above.

Immediate cause of death Crushed Skull and Chest

Due to Automobile accident on Highway 37 near Cassville Mo

Due to Other conditions

Major findings: Of operations Of autopsy

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) Accident (b) Date of occurrence August 26, 1947

(c) Where did injury occur? Near Cassville, Barry County Mo (d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 37

23. Signature J. W. Bushman, Colonel M.D. or other Date signed 8-29-47

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

call w with other m vehicle

RECEIVED

District Health Officer No. 6;

District File Number 947-979

Date Filed SEP 30 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.

Signed

J. C. Canada

Licensed Embalmer No.

4196

P. O. Address

Cassville, 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.