

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

21679

FILED JUL 9 1947

State File No.

Registration District No. 227

Primary Registration District No. 3046

Registrar's No. 41

1. PLACE OF DEATH:

(a) County. Moniteau Co.
(b) City or town. California, Mo. Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution. 603 Roach St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Moniteau
(c) City or town. California, MO
(If outside city or town limits, write "RURAL")
(d) Street No. 603 Roach St
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Fred Bailey

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Bernyse Bailey 6. (c) Age of husband or wife if alive. 51 years
7. Birth date of deceased. May 30 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 0 13 hr. 0 min.

9. Birthplace. Moniteau Co
(City, town, or county) (State or foreign country)

10. Usual occupation. Farming

11. Industry or business. Commodore Bailey

12. Name Commodore Bailey 13. Birthplace. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Wood

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

16. (a) Informant. Bernyse H. Bailey
(b) Address. California, Mo.

17. (a) Burial (b) Date thereof. June 15, 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Masonic Cemt.

18. (a) Signature of funeral director. Bowlin Funeral Home
(b) Address. California, Mo

19. (a) 6-14-47 (b) H. R. Poppey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1947 hour 8/55 minute P. M.

21. I hereby certify that I attended the deceased from Sept 1946 to June 12, 1947
that I last saw him alive on June 11, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral thrombosis of blood Duration 1 year

Due to. Cerebral thrombosis

Due to.

Other conditions. General atrophy
(Include pregnancy within 3 months of death)

Major findings: No operation

Of operations. none

Of autopsy. 104

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) (Country) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? (Specify type of place) 0

(e) Means of injury. L. D. Lathrop

23. Signature. California Mo (M. D. or other)

Address. California Mo Date signed 6-14-47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2/8/47

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
..... Registered Apprentice No.
working under my personal supervision.

Signed Earl R. Boulton

Licensed Embalmer No. 2126

P. O. Address California, 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.