

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40520

FILED JAN 8 1946

State File No. _____
Registrar's No. 1347

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2405 Charles Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not
In this community 80 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2405 Charles Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward Cass Bailey
3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 19th
year 1945 viewed 11 minute 30 P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Laura Bailey
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 12 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 20th 19 45
that I last saw him alive on _____ 19 _____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
89 6 7 hr. _____ min.

Immediate cause of death Lobar Pneumonia
Duration _____

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

Due to _____
Due to _____

10. Usual occupation Retired Conductor

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

11. Industry or business Railway

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name James Bailey
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Bradley
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura A. Bailey
(b) Address 2405 Charles St., St. Joseph, Mo.

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

17. (a) Burial (b) Date thereof 12/ 22/ 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

(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? _____

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon, St. Joseph, Missouri.

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature B. W. Tadlock (M. D. coroner)

19. (a) Dec. 21, 1945 (b) _____
(Date received local registrar) (Registrar's signature)

Address King Hill Rd Date signed 12/21/45
St. JOSEPH

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

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..... *Robert E. Harrington*

Licensed Embalmer No..... *3258 Missouri*

P. O. Address *St. Joseph, Missouri*

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.