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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 6 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37242

Registration District No. 42 Primary Registration District No. 1008 Registrar's No. 1248

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

1. PLACE OF DEATH:
(a) County Buchanon
(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 11th St Road (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ___ In this community 6 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanon
(c) City or town St Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 1725 So 33rd (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ___

3. (a) PRINT FULL NAME Glenn Dewey Bailey
3. (b) If veteran, name war No
3. (c) Social Security No. 500-10-4244
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alma B
6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased Dec (Month) 2 (Day) 1919 (Year)

8. AGE:	Years	Months	Days	If less than one day
	23	11	10	___ hr. ___ min.

9. Birthplace Wathena (City, town, or county) Kans (State or foreign country)
10. Usual occupation Driver or Route man
11. Industry or business Beatrice Creamery Co
FATHER
12. Name Dewey Bailey
13. Birthplace Troy (City, town, or county) Kans (State or foreign country)
MOTHER
14. Maiden name Margarett E Blum
15. Birthplace Wathena (City, town, or county) Kans (State or foreign country)
16. (a) Informant Birth Certf. on Body
(b) Address ___
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-43 (Month) (Day) (Year)
(c) Place: burial or cremation Sugar Creek Cem.
18. (a) Signature of funeral director Fleemon & Son Inc
(b) Address St Joseph, Mo.
19. (a) 11-15-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12th year 1943 hour viewed 3 minute 9 M.
21. I hereby certify that I ~~attended~~ the deceased ~~from~~ on Nov. 12th 1943 to ___, 19___; that I last saw h___ alive on ___, 19___; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Asphyxiation, Carbon monoxide poisoning.	1 day
Due to	
Due to Man was found dead in a parked automobile	
Other conditions (Include pregnancy within 3 months of death) on the 11th street road, the switch was	
Major findings: Of operations on and the gas tank showed empty.	
Of autopsy yes.	

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

178 B 14

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Nov 12th 1943
(c) Where did injury occur? St Joseph (City or town) Buch (County) MO. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On public road South of the City (Specify type of place)
While at work? No (e) Means of injury Poison Gas
23. Signature H. F. Mundy, ~~M.D. or other~~ Coroner
Address 404 So 3rd St Joseph, Mo Date signed 11/12/43

1233 (Licensed Embalmer's Statement on Reverse Side)

FEB 9 1944

JUN 23 1948

JUN 9 1948

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 L Lipkie

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.