

No. 2  
-10-39  
17-39  
X2145

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

4105

State File No.

FEB 15 1940

Registration District No. 877

Primary Registration District No. 43-30

Registrar's No.

1. PLACE OF DEATH:

(a) County Vernon 2  
(b) City or town Schell city  
(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)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 62 yrs years, months or days

3. (a) PRINT FULL NAME ANNA H. BAILEY

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife JOSIAH F. BAILEY 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 26 1861  
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Rumney West Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

MOTHER FATHER

12. Name Richard Roberson

13. Birthplace West Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah C. Haines

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

16. (a) Informant Bert Bailey

(b) Address 2636 Myrtle Ave Mo

17. (a) Burial (b) Date thereof Jan 22 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sepher cemetery

18. (a) Signature of funeral director Wm Lewis & Son

(b) Address Schell city mo

19. (a) Jan 22 1940 (b) Pearle Rapps  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

(c) City or town Schell city  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20  
year 1940 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Jan 13, 1940, to Jan 20, 1940, that I last saw her alive on Jan 20, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia 9 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy None

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 \_\_\_\_\_

23. Signature Wm Lewis & Son (M. D. or other) \_\_\_\_\_

Address Schell City Mo Date signed 1-1940

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 2-40-191

Date Filed 2-12-40

**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. [Signature]

working under my personal supervision.

Signed

Marion M. Lewis

Licensed Embalmer No. 3084

P. O. Address Schell city, m

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.