S. No. 2
—11-10-39
. 5-17-39
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FILED MAY 13 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15531

Registration District No. 281 Primary Registration District No. 4343 Registrar's No. 12

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

1. PLACE OF DEATH:

(a) County Monroe

(b) City or town Monroe City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 138 Front St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 4 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe

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

(d) Street No. 138 Front St. (If rural, give location)

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

3. (a) PRINT FULL NAME Anna Nora Bailes

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 Anthony W. Bailes 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Nov. (Month) 20 (Day) 1858 (Year)

8. AGE: Years	Months	Days	If less than one day
81	5.		hr. ..... min.

9. Birthplace: Brookline (City, town, or county) Mass. (State or foreign country)

10. Usual occupation At Home.

11. Industry or business ✓

FATHER 12. Name Malichi Miskell

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

MOTHER 14. Maiden name Catherine Flanagan

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

16. (a) Informant Mrs. Richard E. Redman Jr.

(b) Address Monroe City, Mo

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

(c) Place: burial or ~~cremation~~ St Stephens

18. (a) Signature of funeral director Wilson & Son

(b) Address .....

19. (a) April 22, 1940 (Date received by local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1940 hour 9 minute a. M.

21. I hereby certify that I attended the deceased from March 2, 1935 ..... 19..., to April 20 1940 that I last saw her alive on April 20 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	24 Hrs.
Due to Arterio Sclerosis	10 yrs.
Due to	
Other conditions Chronic Valvular Heart Disease (Include pregnancy within 3 months of death)	5 yrs.

Major findings:
Of operations .....
Of autopsy .....

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

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? 5/13 While at work? ..... (Specify type of place) (e) Means of injury ✓

23. Signature [signature] (M. D.)

Address Monroe City Mo Date signed 4-22-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-40-930
Date Filed MAY 8 1940

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 Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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, above space should be left blank.