

Registration District No. 534

Primary Registration District No. 4219 3025

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Macoupin
(b) City or town Brookfield
(c) Name of hospital or institution: Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hospital
In this community Brookfield Mo
years, months or days 2 hours 1 1/2

3. (a) PRINT FULL NAME Wilma Lucille Bailey

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 12 1937
(Month) (Day) (Year)

8. AGE: Years 2 Months 4 Days 20 If less than one day hr. _____ min. _____

9. Birthplace Macoupin Mo
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Charles Freeman Bailey
13. Birthplace Macoupin Mo
(City, town, or county) (State or foreign country)
14. Maiden name Rita Ruth Burrows
15. Birthplace Macoupin Mo
(City, town, or county) (State or foreign country)

16. (a) Informant James J. Bailey

(b) Address Dr with Mo

17. (a) Buried (b) Date thereof June 3-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Center

18. (a) Signature of funeral director R. J. Gillebert

(b) Address New Orleans Mo

19. (a) June 8-1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macoupin
(c) City or town _____
(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 June day 2nd
year 1940 hour 3 minute 3 M.

21. I hereby certify that I attended the deceased from June 2nd 1940 to June 2nd 1940
that I last saw her alive on June 2nd 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Dead from injury
Received in the same
Wreck with Burlington
Due to Train No 56 3P

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

Duration _____
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) Accident
(b) Date of occurrence June 2nd 1940
(c) Where did injury occur New Center Macoupin
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Gifts Public
While at work no (Specify type of place) (e) Means of injury Car

23. Signature [Signature] (M. D. or other) 5
Address New Center Mo Date signed June 2, 1940

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

RECEIVED

District Health Officer No. 10

District File Number 6-40-1298

Date Filed JUN 17 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: H. J. Gilleland

Licensed Embalmer No. 4019

P. O. Address New Cambria 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.