

Registration District No. **1070 117 22 1000** Primary Registration District No. **6136** Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jefferson Clinton Twp**
(b) City or town **Rural**
(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 **2**
(Specify whether
In this community **11 years**
years, months or days)

3. (a) PRINT FULL NAME **MARtha A BAILEY 400**

3. (b) If veteran, name war. _____ 3. (c) Social Security **Old Age Ass.**

4. Sex **Female** 5. Color of 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 **JAN 31 1869**
(Month) (Day) (Year)

8. AGE: Years **71** Months **4** Days **2** If less than one day _____ hr. _____ min.

9. Birthplace **Quincy Mich**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE KEEPING**

11. Industry or business _____

12. Name **OLIVER J. BAILEY**

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

14. Maiden name **OLIVE CURTIS**

16. Birthplace **Mich**
(City, town, or county) (State or foreign country)

16. (a) Informant **Oliver J. Bailey**

(b) Address **Rt 4 Mt Pleasant Mo**

17. (a) **Burial** (b) Date thereof **Dec 4 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cabool Mo**

18. (a) Signature of funeral director **Edward V. Elbert**

(b) Address **Cabool Mo**

19. (a) **Jan 4 40** (b) **J. D. Weatherman**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jefferson**
(c) City or town **Clinton Twp**
(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 **3**
year **1940** hour **12** minute **45** P. M.

21. I hereby certify that I attended the deceased from **5/27/40**
and to **6/3/40**, 19____;
that I last saw her alive on **5/27/40**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**
Duration **Few minutes**

Due to **Hypertension** **3**

Due to **arteriosclerosis** **?**

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

Major findings: Of operations **9410**

Of autopsy _____

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? _____

742 (Specify type of place) _____ (e) Means of injury _____

23. Signature **Guyett J. ...** (M. D. or _____)

Address **Cabool** Date signed **6/4/40**

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

07

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.....

....., my personal supervision.

RECEIVED

District Health Officer No. 5,

Signed.....

District File Number. 740764

Licensed Embalmer No.....

Date Filed 7/1/40

P. O. Address.....

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.