

Registration District No. 691

Primary Registration District No. 4413

Registrar's No. 183

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Camden Point No.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days) 2

In this community 85 years

3. (c) PRINT FULL NAME Rebecca E. Bailey

3. (b) If veteran, name war None

3. (c) Social Security No. NO

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 20 1855  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>2</u>	<u>10</u>	hr. _____ min.

9. Birthplace Camden Point Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeping

11. Industry or business None

12. Name William F. Perrin

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

14. Maiden name Mary Temple Smith

15. Birthplace Camden Point - Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant FERRIN BAILEY

(b) Address Camden Point, Missouri

17. (a) Burial (b) Date thereof Dec. 2, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Camden Point Cer.

18. (a) Signature of funeral director Levin Davis

(b) Address Dearborn, Missouri

19. (a) Nov 30 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte

(c) City or town Camden Point Missouri  
(If outside city or town limits, write "RURAL")

(d) Street No. None  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30  
year 1940 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov. 27 1940, to Nov 30 1940

that I last saw her alive on Nov 27 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

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

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

Other conditions (Include pregnancy within 3 months of death)

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

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? \_\_\_\_\_

627 (Specify type of place) While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) 1  
Address Dearborn Mo Date signed 12-2-40

Duration (\_\_\_\_\_)

2 years

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

**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 Levin Davis

Licensed Embalmer No. 4160

P. O. Address Seabrook Me.

**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.**