

JAN 25 1941

Registration District No. **727**

Primary Registration District No. **5959**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Ralls,**
(b) City or town **(Rural) Saltriver Township.**
(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 **All of life.**
years, months or days **2**

3. (a) PRINT FULL NAME **Bevie Marie Bailey.**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None.**

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

6. (b) Name of husband or wife **W. W. Bailey.** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **February, 12, 1892**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	48	10	15	hr. _____ min.

9. Birthplace **Center, Mo.** **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife.**

11. Industry or business **Home.**

MOTHER { 12. Name **Wilk Gregory.**
13. Birthplace **Ralls County, Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Lorena Smith.**
15. Birthplace **Ralls County, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **W. W. Bailey**

(b) Address **Perry, Mo R.F.D.**

17. (a) **Burial** (b) Date thereof **12/29/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fern Chapel.**

18. (a) Signature of funeral director **Clyde C. Wilby**

(b) Address **Perry, Missouri.**

19. (a) **12/28/40.** (b) **Clyde C. Wilby**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ralls,**

(c) City or town **Rural.**
(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 **Dec** day **27**
year **1940.** hour **7** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **July 1940**
to **Dec 1940**, 19____, to **Dec 1940**, 19____
that I last saw her alive on **Nov. 24**, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **arterio-sclerosis & interstitial nephritis**
Due to **Uremic poisoning**
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? _____

654 (Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature **P. E. Suter** (M. D. or other) _____

Address **Perry, Mo.** Date signed **12/29/40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

7

1321

RECEIVED

District Health Officer No. 10

District File Number 1-41-21

Date Filed JAN 7 1941

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, ~~_____~~

Clyde C. Wilbey

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Clyde C. Wilbey

Licensed Embalmer No. 3820

P. O. Address Perry 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 43608

Registration District No. 727

Primary Registration District No. 5959

Registrar's No. _____

1. PLACE OF DEATH

(a) County Halls
(b) City or town Salt River T.P.
(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 _____
years, months or days)

3. (a) PRINT FULL NAME Bevie Marie Bailey
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 48 Months 10 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(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 Dec day 27
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio Sclerosis
Chronic Interstitial Nephritis
Chronic

Due to Uremic Poisoning

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death) 131

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature P E Butler (M. D. or other) _____

Address Perry, Mo. Date signed 2-19-41

SUPPLEMENTARY

MOTHER FATHER

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

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