

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. 625

Primary Registration District No. 3031

1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Maryville  
(c) Name of hospital or institution: St. Francis Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Three Weeks  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison  
(c) City or town Phelps City  
(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.? 1 years.

3. (a) PRINT FULL NAME Blanche Hunter Bailey

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 Married

6. (b) Name of husband or wife Mr. J. E. Bailey 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased July 18 1882  
(Month) (Day) (Year)

8. AGE: Years 59 Months 2 Days 12 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Robert T. Hunter

18. Birthplace St. Joseph Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Proudfoot

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

16. (a) Informant's own signature J. E. Bailey

(b) Address Phelps City Mo.

17. (a) Burial (b) Date thereof April 2 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funerary

18. (a) Signature of funeral director J. C. Bertram

(b) Address Rock Creek Mo.

19. (a) Apr 2-41 (b) Maudie E. Clardy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th  
year 1941 hour 7 minute 5 P. M.

21. I hereby certify that I attended the deceased from March 9, 1941, to March 20, 1941;  
that I last saw her alive on March 30, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Ovary  
Duration known

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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? 55

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. Bloomer (M. D. or other) \_\_\_\_\_

Address Independence Mo. Date signed 4/1/41

---

---

**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 Myself  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

J B Bertram  
Licensed Embalmer No. 4024

P. O. Address.....

Rock Point Md

**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.**