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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUN 6 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 19324

Registration District No. 897

Primary Registration District No. 4543

Registrar's No. 9

1. PLACE OF DEATH

(a) County Wheeler

(b) City or town Seymour, mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(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 MARGARET BAILEY

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W

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

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

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

7. Birth date of deceased Dec 8 1854  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

86 5 6 hr. min.

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

10. Usual occupation House maid

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

12. Name John Bailey

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

14. Maiden name Margaret B. Oringer

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

16. (a) Informant Mrs. B. McCarty

(b) Address Sadonia, mo

17. (a) Burial (b) Date thereof 6-16-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seymour, Missouri

18. (a) Signature of funeral director B. T. Kelley

(b) Address Seymour, mo

19. (a) 6-15-41 (b) A. E. Mendenhall  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wheeler

(c) City or town Seymour, mo  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14th  
year 1941 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 13  
1941 to May 14 1941

that I last saw her alive on May 14 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart  
essential vomiting  
Bowel not obstructed

Due to Senility?

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

Other conditions (Include pregnancy within 3 months of death) 127B

Duration \_\_\_\_\_

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? \_\_\_\_\_

23. Signature E. G. Beers (M. D. or other) \_\_\_\_\_

Address Seymour, mo Date signed 5-13-41

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

1291

RECEIVED

District Health Officer No. 6,

District No.

641-860

Date Filed

JUN 5 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, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision..

Signed *H. K. Kelley*

Licensed Embalmer No. *3334*

P. O. Address *Symon, m*

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, fact should be so stated above.