

FILED NOV 8 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34623

Registration District No. 17

Primary Registration District No. 5237

Registrar's No. 26

1. PLACE OF DEATH: *Chariton*

(a) County *Chariton*

(b) City or town *Rural Keokukville*
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Chariton* ²¹

(c) City or town *Rural* ¹
(If outside city or town limits, write "RURAL") ⁰

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME *DORRIS MARIE BAILEY*

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Oct.* day *30th*
year *1941* hour *12* minute *40 P.* M.

4. Sex *Female*

5. Color or race *White*

6. (a) Single, widowed, married, divorced *0*

6. (b) Name of husband or wife _____

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

7. Birth date of deceased *Oct. 24 1941*
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from *Oct 24*
19*41*, to *Oct 30*, 19*41*;
that I last saw *her* alive on *Oct 30*, 19*41*;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	-	-	6	hr. _____ min.

Immediate cause of death: *Inanition*
Pterius
Premature birth

Due to _____

Duration
5 days

9. Birthplace *Chariton* ⁰
(City, town, or county) (State or foreign country)

10. Usual occupation _____

Due to *Probably due to a detachment of the placenta*

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

11. Industry or business _____

MOTHER FATHER

12. Name *L. J. Bailey*

13. Birthplace *Missouri* ⁰
(City, town, or county) (State or foreign country)

14. Maiden name *Emma Wolf*

15. Birthplace *Missouri* ⁰
(City, town, or county) (State or foreign country)

Major findings:
Of operations *none*

Of autopsy *none* ⁵⁹

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

(b) Address *Mendon*

17. (a) *Burial* (b) Date thereof *10/31/41*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Indian Grove*

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence *10/31/41*

(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? _____

18. (a) Signature of funeral director *Meyer* _____
(b) Address *Brunswick, Mo.*

19. (a) *Oct 31/1941* (b) *Mrs. Roy D. Parker*
(Date received by registrar) (Registrar's signature)

(Specify type of place) _____ (c) Means of injury *0*

23. Signature *Harry Estatum* (M. D. or other) _____
Address *Brunswick Mo* Date signed *10/31/41*

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-2-41

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

Signed.....

Licensed Embalmer No.....

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.