No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 335863

Registration District No. 735 Primary Registration District No. 3034 Registrar's No. 211

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Woodland Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital ~~or institution~~ 4 1/2 Days (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly (If outside city or town limits, write "RURAL")
(d) Street No. 121 SOUTH Ault (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Mary Belle Malone Bailey

3. (b) If veteran, name war —

3. (c) Social Security No. 491-07-8446

4. Sex Female

5. Color or race White

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

6. (b) Name of husband ~~or wife~~ Delmar Bailey

6. (c) Age of husband ~~or wife~~ if alive 27 years

7. Birth date of deceased April (Month) 30 (Day) 1917 (Year)

8. AGE: Years	Months	Days	If less than one day
24	5	18	hr. min.

9. Birthplace Randolph County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name George J. Malone
13. Birthplace Randolph County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Rosa B. Broddus
15. Birthplace Randolph County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Rosa B. RIley (Mother)
(b) Address RFD#4 Moberly Missouri

17. (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 10-20-41 (Month) (Day) (Year)
(c) Place: burial or cremation Darksville Mo. Burial

18. (a) Signature of funeral director Snow Funeral Home
(b) Address Moberly Mo

19. (a) Oct 20-41 (Date received local registrar) (b) Leale Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18th year 1941 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from ~~June 20~~ Oct. 13 1941 to Oct 18 1941 that I last saw her alive on Oct 18 1941 and that death occurred on the date and hour stated above.

Immediate cause of death ~~Shock~~ Generalized septicemia

Due to Labor at full term

Due to

Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations Caesarean section Oct. 13/41 after being in labor 18 hours & could not be delivered
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. D. Streeter (M. D. or other) M.D.
Address Moberly Mo Date signed Oct 20/41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 11-41-2054
Date Filed NOV 13 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 Chas G. Barnes

Licensed Embalmer No. 2414

P. O. Address Moberly Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.