

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21326

State File No.

Registration District No. 384

Primary Registration District No. 5339

Registrar's No.

1. PLACE OF DEATH:

- (a) County HOWELL
(b) City or town RURAL SPRING CREEK #1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
POTTERSVILLE ROUTE 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether
in this community 12 YEARS years, months or days)

3. (a) PRINT FULL NAME ANGELINE BAILEY

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife JOHN BAILEY 6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased JULY 1843
(Month) (Day) (Year)

8. AGE: Years 98 Months 5 Days ? If less than one day
hr. min.

9. Birthplace MACON CO., TENN.
(City, town, or county) (State or foreign country)

10. Usual occupation
- NONE

11. Industry or business

- MOTHER FATHER { 12. Name WASH PARRISH
13. Birthplace TENN.
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant W.S. BAILEY
(b) Address WEST PLAINS, MO.

17. (a) REMOVAL (b) Date thereof DEC. 26, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- MOBILE, KANSAS

18. (a) Signature of funeral director Hal Thompson
(b) Address WEST PLAINS, MO.

19. (a) 12-26-41 (b) Lida W. SIMMONS
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County HOWELL
(c) City or town RURAL (If outside city or town limits, write "RURAL")
(d) Street No. WEST PLAINS, MO. POTTERSVILLE RT. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country O

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 23,
year 1941 hour 10: minute 30 A.M.

21. I hereby certify that I attended the deceased from 1937 to Dec 23 1941;
that I last saw him alive on Nov 1941;
and that death occurred on the date and hour stated above.

- Immediate cause of death Chronic Myocarditis Duration

- Due to 93d

- Other conditions Senility
(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?

- While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature E. B. Bohrer (M. D. or other) MD
Address West Plains, Mo. Date signed 12-24-41

RECEIVED

District Health Officer No. 5,

District File Number 442344

Date Filed 7-20-42

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. 3408

P. O. Address West Plains,

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.