. S. No. 2
0M—5-42
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

26773

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 5 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 89

Primary Registration District No. 4057

Registrar's No. 279

12
0
0

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Qulin
(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 2 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12 0

(c) City or town Qulin 0
(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 0

3. (a) PRINT FULL NAME Mavis Alice Irene 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 Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased December (Month) 20 (Day) 1940 (Year)

8. AGE: Years 1 | Months 8 | Days 8 | If less than one day hr. min. 0

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

10. Usual occupation —

11. Industry or business —

FATHER
12. Name William T. Bailey 0
13. Birthplace Dunklin County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Tessie B. Marler 0
15. Birthplace Dunklin County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant John Hodge
(b) Address Qulin Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-29-42 (Month) (Day) (Year)
(c) Place: burial or cremation Male Hill

18. (a) Signature of funeral director Family in Charge
(b) Address

19. (a) 8/29/42 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29
year 1942 hour 2 minute 35 A.M.

21. I hereby certify that I attended the deceased from 8/23, 1942 to 8/29, 1942;
that I last saw her alive on 8/28, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to Pertussis, Impetigo Contigiosa, Dysentery Infantum

Due to

Other conditions
(Include pregnancy within 3 months of death) 9

Major findings:
Of operations

Of autopsy

Duration

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 Fred Biggs (M. D. ~~or other~~)
Address Poplar Bluff, Mo. Date signed 8/29/42

92

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 942-1132
Date Filed 9-3-42

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.....

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, fact should be so stated above.