

FILED NOV 4 1942

Registration District No. 42

Primary Registration District No. 3007

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

12  
7  
3

1. PLACE OF DEATH: Butler

(a) County Butler

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

(c) Name of hospital or institution: Lucy Lee Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 da  
life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL")

(d) Street No. 214 North Riverview  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Elizabeth Ann Bailey

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced, infant

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

7. Birth date of deceased: October 6 1942  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				<u>8</u> hr. .... min.

9. Birthplace Poplar Bluff Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name James Edward Bailey

{ 13. Birthplace Arkansas  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Nettle May Stafford

{ 15. Birthplace Ripley Co Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant James Edward Bailey  
(b) Address Corning Arkansas

17. (a) Burial (b) Date thereof 10-8-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hutchins

18. (a) Signature of funeral director Family

(b) Address.....

19. (a) 10-13-42 (b) Belle Kinne  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6  
year 1942 hour 11 minute 0 M.

21. I hereby certify that I attended the deceased from Oct 6 1942 to Oct 6 1942  
that I last saw h. er alive on Oct 6 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Asphyxia  
Premature

Due to.....  
Due to.....

Other conditions: 159  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy.....

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)

(a) Means of injury.....

23. Signature Robert M. Kinne (M. D. or other)  
Address Poplar Bluff Mo Date signed 10/11/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office (No. 2,

District File Number 1142-342

Date Filed 11-2-42

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.

*Not embalmed*

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.