

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37454

FILED DEC 7 1942

State File No.

Registration District No. 181

Primary Registration District No. 4293

Registrar's No. 39

1. PLACE OF DEATH:

(a) County. Linn  
(b) City or town. Elberry, Mo.  
(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)

3. (a) PRINT FULL NAME Phoebe Evalina Bailey  
3. (b) If veteran, name war. none  
3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife S. W. Bailey 6. (c) Age of husband or wife 78 years  
7. Birth date 18 21 - 1871  
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 12 If less than one day hr. min.

9. Birthplace Bellevue, Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER { 12. Name James Anderson  
13. Birthplace Ill.  
(City, town, or county) (State or foreign country)  
14. Maiden name Frances Maynard  
15. Birthplace Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature S. W. Bailey  
(b) Address Elberry, Missouri  
17. (a) Burial (b) Date thereof 11-6-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Elberry Cemetery  
18. (a) Signature of funeral director Clifton Walker  
(b) Address Elberry, Missouri  
19. (a) Nov 14, 1942 (b) G. S. Williams  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Linn  
(c) City or town Elberry  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3  
year 1942 hour 5 minute 30 M.

21. I hereby certify that I attended the deceased from 1942-1942  
that I last saw him alive on Oct 2-1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Sudden as found  
Duration

Due to super tension and arteriosclerosis

Due to hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none

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) (e) Means of injury

23. Signature Dr. J. E. Williams (M. D. or other)  
Address Elberry, Mo. Date signed 11-5-42

**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 me  
November 3-1942, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 3364

P. O. Address Elaberry, Mo.

**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.**