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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1943

Registration District No. 48

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40316

State File No.

Primary Registration District No. 3007

Registrar's No. 412

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

2
7
3

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Poplar Bluff, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 433 South Street 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Butler 12
(c) City or town: Poplar Bluff 7
(If outside city or town limits, write "RURAL")
(d) Street No.: 433 South Street 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Sam Bailey
3. (b) If veteran, name war: No
3. (c) Social Security No.:
4. Sex: Male 2
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: — 9
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: About 1873 (Month) (Day) (Year)
8. AGE: Years 69 | Months | Days | If less than one day hr. min.
9. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
10. Usual occupation: Common Laborer
11. Industry or business:
FATHER 12. Name: Unknown
13. Birthplace: " (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name:
15. Birthplace: " (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Mrs. James Edwards
(b) Address: Poplar Bluff, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 23, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: County Farm
18. (a) Signature of funeral director: Greer Croy Funeral Service
(b) Address: Poplar Bluff, Missouri
19. (a) 12-31-42 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22 year 1942 hour 3 minute P. M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h. alive on , 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	
Due to: Arterio Sclerosis	
Due to: Verdict of coroners jury;- 'Natural causes'	
Other conditions (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): no
(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: Alfred W. Greer Coroner (M. D. or other)
Address: Poplar Bluff Mo Date signed

42 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 143-24
Date Filed 1-4-43

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 .....

Not embalmed, 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.