

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 10

JAN 21 1943

Registration District No. 358

Primary Registration District No. 6213

1. PLACE OF DEATH:

(a) County Vernon *PLATE NO 440*
(b) City or town Schell City, RR 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City Hospital Nevada Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks
(Specify whether
In this community 14 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon *108*
(c) City or town Schell City R.R 2
(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.? No years.

3. (a) PRINT FULL NAME Mrs CLARA MAHALA 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 married

6. (b) Name of husband or wife Mr Armon Bailey 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Jan 1 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 3
If less than one day _____ hr. _____ min.

9. Birthplace Houston Mo (City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business _____

12. Name _____

13. Birthplace Miss Clara Mahala Schell (City, town, or county) (State or foreign country)

14. Maiden name Miss Clara Mahala Schell

15. Birthplace Houston Mo (City, town, or county) (State or foreign country)

16. (a) Informant Armon Bailey
(b) Address Schell city Mo

17. (a) Burial (b) Date thereof Dec 5 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Auto News & Van
(b) Address Schell City Mo

19. (a) 12-5-42 (b) Billy Thomas
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3
year 1942 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 7 1942 to Dec 3 1942

that I last saw her alive on Dec 3 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Droopy on Asites Duration _____

Due to _____

Due to _____ *9502*

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

Major findings: Gr 2 R kidney
Of operations Nevada Mo City Hospital

Of autopsy no

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 no

(c) Where did injury occur? no (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? no (Specify type of place) (e) Means of injury no

23. Signature W. Wilson (M. D. or other) _____
Address Schell City Mo Date signed 11-14-42

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

08
5

12 5

RECEIVED

District Health Officer No. 7,

District File Number 12-42-147 2

Date Filed 1-15-43

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Marion M. Lewis

Licensed Embalmer No. 3084

P. O. Address.....

Schell City, 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, fact should be so stated above.