

Registration District No. 47

Primary Registration District No. 3008

1. PLACE OF DEATH:
 (a) County Callaway
 (b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10-22-49
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Ralls
 (c) City or town Haddonville
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Cornelius Frances Bailey
 3. (b) If veteran, name war _____
 3. (c) Social Security No. 097c

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 29
 year 1949 hour 12 minute 35 a. M.

4. Sex Female 5. Color or race W
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Earl 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 9 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-20-1948 to 5-29-1949
 that I last saw him alive on 5-28-1949
 and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 3 Days 29 If less than one day _____ hr. _____ min.

Immediate cause of death Pneumonia
 Duration _____

9. Birthplace: Mo. (City, town, or county) 0 (State or foreign country)

Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation: Homemaker

Major findings: Of operations _____

MOTHER FATHER

11. Industry or business:
 { **12. Name:** James Clark
 { **13. Birthplace:** _____ (City, town, or county) _____ (State or foreign country)
 { **14. Maiden name:** Emily Anderson
 { **15. Birthplace:** Mo. (City, town, or county) _____ (State or foreign country)
 { **16. (a) Informant:** Record

Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

17. (a) Removal: Removed (b) Date thereof: May 29 49
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Father
18. (a) Signature of funeral director: Earl E. Christ
 (b) Address Mo.
19. (a) May 29 1949 (b) Joie Moravickoff
(Date received local registrar) (Registrar's signature)

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)
 (e) Means of injury _____
23. Signature: J. E. Sherrill (M. D. or other)
 Address Fulton Mo. 5/29/49

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

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..... *Paul E. Pruebs*

Licensed Embalmer No. *3189*

P. O. Address..... *Mexico 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.