

ED SEP 11 1943

256

5877

72

Registration District No. 256

Primary Registration District No. 5877

Registrar's No. 72

1. PLACE OF DEATH:  
(a) County Oregon  
(b) City or town Alton Piney Twsp.  
(If outside city or town limits, write "RURAL" and name of township)  
(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 Life time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Oregon **75**  
(c) City or town Alton (Rural)  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Nancy Samantha Bailey  
3. (b) If veteran, name war -- 3. (c) Social Security No. --

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 25  
year 1943 hour 10 minute 10 A.M.  
21. I hereby certify that I attended the deceased from July, 1943  
1943 to July, 25 1943  
that I last saw her alive on 25 July 1943  
and that death occurred on the date and hour stated above.  
Immediate cause of death Paralyses **✓** Duration

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife George W. Bailey 6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased January 3 1869  
(Month) (Day) (Year)

Due to Age  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

8. AGE: Years Months Days If less than one day  
74 6 22 hr. min.

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

9. Birthplace Oregon County Missouri **0**  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife  
11. Industry or business

MOTHER FATHER { 12. Name Wright Simpson  
13. Birthplace Tennessee **✓**  
(City, town, or county) (State or foreign country)  
14. Maiden name Samantha Cates  
15. Birthplace Tennessee **✓**  
(City, town, or county) (State or foreign country)

23. Signature J. B. Forest (M. D. or other) **0**  
Address Alton Mo Date signed Forest

16. (a) Informant George W. Bailey  
(b) Address Alton, Mo.  
17. (a) Burial (b) Date thereof 7/29/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bailey Cem.  
18. (a) Signature of funeral director Geo Carr  
(b) Address Thayer, Mo.  
19. (a) 8/10 1943 (b) Wm H. Williams  
(Data received local registrar) (Registrar's signature)

1115

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. Sept.

Registration District No. 255

Primary Registration District No. 5877

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Oregon  
(b) City or town Alton Piney Top  
(If outside city or town limits, write "RURAL" and name of township)  
(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 Nancy Samantha Bailey  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex \_\_\_\_\_ 5. Color or race \_\_\_\_\_  
6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: Jan 3 1869  
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 23 If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_ (City, town, or county) (State or foreign country)

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 25 Year 1943 Hour 10 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death (Paralysis) Duration \_\_\_\_\_

Due to Cerebral Hemorrhage

Due to \_\_\_\_\_

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) \_\_\_\_\_

(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? Yes (Specify type of place) \_\_\_\_\_ (e) Means of injury Over work

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

SUPPLEMENTAL

MOTHER FATHER

28932