

Registration District No. **210**

Primary Registration District No. **5771**

1. PLACE OF DEATH:

(a) County **Mercer**
(b) City or town **Marian Township**
(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 **1**
(Specify whether
In this community **50 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Mercer 065**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL.") **0**
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **24**
year **1943** hour **3** minute **0** M.
21. I hereby certify that I attended the deceased from **Oct 18** 19 **43** to **Oct 23** 19 **43**
that I last saw **her** alive on **Oct 23** 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Casino's Sp. Stomach & Liver 1 yr?**

Due to...
Due to...
Other conditions: (Include pregnancy within 3 months of death)
Major findings: **46 lb**
Of operations...
Of autopsy...
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Jennie LaVerne Bailey**

3. (b) If veteran, name war
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive... years

John Bailey March 30 1870
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 6 24 hr. min.

9. Birthplace **Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**
11. Industry or business **Own Home**

MOTHER FATHER {
12. Name **George W. Spencer**
13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Aurilla Johnson**
15. Birthplace **Ind.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Gordon Bailey**
(b) Address **Mercer Mo.**

17. (a) **Burial** (b) Date thereof **Oct 26/43**
(Burial, cremation, or removed) (Month) (Day) (Year)
(c) Place: burial or cremation **Early Cemetery Mercer Mo.**

18. (a) Signature of funeral director **O. P. Arnette**
(b) Address **Linsville Iowa**

19. (a) **10/27/43** (b) **Jessie Bailey**
(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 **O. P. Arnette** (M. D. or other)
Address **Mercer Mo.** Date signed **10/24/43**

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

505)

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 Amos L. Greendee
Licensed Embalmer No. 3967
P. O. Address Linville, N.C.

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.