

No. 2
-2-43
-17-39
X3397

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43185

State File No. _____

FILED JAN 14 1944

Registration District No. 507

Primary Registration District No. 3048

Registrar's No. 201

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Marion, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Marion Landmark Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
(c) City or town Skidmore
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ora Etta Bays

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Artie Bays 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 12 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 7 13 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Dan Long

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

14. Maiden name Mary Cole

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

16. (a) Informant Artie Bays

(b) Address Skidmore Mo.

17. (a) Burial (b) Date thereof 12-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Prison Hill 4 M.E.D. Park

18. (a) Signature of funeral director Campbell Funeral Home
(b) Address Marion, Mo.

19. (a) Dec-30-43 (b) Amy Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 25, year 1943 hour 7 minute _____ P. M.

21. I hereby certify that I attended the deceased from 11-1-43 to 12-25-43 that I last saw her alive on 12-25-43 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular-renal

Due to Automobile accident

Due to _____

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

Major findings: Of operations _____ Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, ~~suicide~~ or homicide (specify) Accident 014

(b) Date of occurrence 12-25-43

(c) Where did injury occur 2 Mi. W. Skidmore, Mad. Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Beside highway

While at work? No (Specify type of place) (e) Means of injury Car run

23. Signature A. B. Buxton (M. D. or other) DO
Address Skidmore Mo. Date signed 12/27/43

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

MOTHER FATHER

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 William Campbell

Licensed Embalmer No. 2670

P. O. Address Marquette MI

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.