

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

McH 10340
State File No.
Registrar's No. 89.90

FILED APR 8 1944
Registration District No. 25

Primary Registration District No. 5094

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Rich Hill - Rural
(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 61 YEARS years, months or days

3. (a) PRINT FULL NAME

JEANNETTE ELLEN BAILEY

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 W
6. (b) Name of husband or wife JAMES E. BAILEY 6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased Feb 28 1860 (Month) (Day) (Year)

8. AGE: Years 84 Months - Days 21 If less than one day hr. _____ min. _____

9. Birthplace QUINCY, ILLINOIS (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name WILLIAM W. KING
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name BENSON
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Chas. Booth

(b) Address Rich Hill Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-44 (Month) (Day) (Year)

(c) Place: burial or cremation Graceland Rch Hill

18. (a) Signature of funeral director Booth

(b) Address Rich Hill Mo

19. (a) Mar 21 1944 (Date received local registration) (b) Mrs. Edna Douglas (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Bates
(c) City or town Rich Hill Rural (If outside city or town limits, write "RURAL")
(d) Street No. 2 mi north (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 20 year 1944 hour 1130 minute P M.

21. I hereby certify that I attended the deceased from March 10th 1944 to March 20 1944
that I last saw h.e.r. alive on March 20th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Respiratory Failure
Due to Loe Pneumonia

Due to Emaciation, Hypertrophic Arthritis

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

Major findings: _____ Of operations _____

Of autopsy _____

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 Taylor R. M. B. (M. D. or other) D.O.
Address 212 E. 1st St. Rich Hill Mo Date signed 3-22-44

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

3-44-35-0
4-7-44

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed

John G Underwood
Licensed Embalmer No. 3585
P. O. Address. Butler 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.