

FILED SEP 10 1944  
Registration District No. 294

Primary Registration District No. 3056

State File No. \_\_\_\_\_  
Registrar's No. 172

1. PLACE OF DEATH:

(a) County. Randolph  
(b) City or town. Moberly, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1005 Saylor  
(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. Randolph  
(c) City or town. Moberly Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1005 Saylor St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs Rebeca Bailey.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Married  
6. (b) Name of husband or wife. Minter Bailey 6. (c) Age of husband or wife if alive. Ab out 50 years  
7. Birth date of deceased. July 2 1886  
(Month) (Day) (Year)

8. AGE: Years 58 Months I Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Boone Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation. House Wife.

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

MOTHER FATHER { 12. Name Thomas Rhodes.  
13. Birthplace Kirkville Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Christine Halbach  
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Minter Bailey  
(b) Address Harrisburg Mo.

17. (a) Burial (b) Date thereof. Aug 19 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Perche.

18. (a) Signature of funeral director. Joe W Burton  
(b) Address Higbee Mo.

19. (a) 8-19-44 (b) Irma Nave  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17  
year 1944 hour 7 minute 10 A. M.

21. I hereby certify that I attended the deceased from Aug 27 1944 to Aug 17 1944  
that I last saw him alive on Aug 17 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to 83a  
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? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Higbee Mo Date signed 8-18-44

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

RECEIVED

District Health Officer No. 10

District File Number 9-44-1557

Date Filed SEP 8 1944

**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. 3153

P. O. Address Glasgow 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.**