

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 9 1945

Registration District No. 274

Primary Registration District No. 4406

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Houstonia, Mo.
(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 3 yr. (Specify whether
In this community 1 years, months or days)

3. (a) PRINT FULL NAME Elisa Jane Bailey

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

4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 23 years (Day) (Year)
7. Birth date of deceased Sept. 23 1869 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 4 10 hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

12. Name Thomas Hochaday

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

14. Maiden name Doris Knowlton

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

16. (a) Informant Mrs. Edward Carter

(b) Address Houstonia, Mo.

17. (a) burial (b) Date thereof Jan 5 45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Big Rock

18. (a) Signature of funeral director Westbrook

(b) Address Houstonia, Mo.

19. (a) 1-5-45 (b) Mrs. Anna Berger (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 3 1945
Year 11 hour 55 minute A.M.

21. I hereby certify that I attended the deceased from 12-23 1944 to 1-3 1945
that I last saw her alive on 12-30 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 7
Due to arterial degeneration 940

Due to

Other conditions (Include pregnancy within 9 months of death)

Major findings Of operations FFHale

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 2

23. Signature FFHale (M. D. or other) DO

Address Steel Spring Date signed: 1-5-45

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-8-45

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

H. H. Smiley

Licensed Embalmer No.

3987

P. O. Address

Honolulu 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.