

Registration District No. 387

Primary Registration District No. 6189

1. PLACE OF DEATH:

(a) County Jasper Co

(b) City or town Rural Swain
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
near Dickens mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community Several years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. near Dickens mo
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME SARAH E. BAILEY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1
year 1945 hour 10:30 minute AM

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 6 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw her alive on February _____ 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>4</u>	<u>26</u>	_____ min.

Due to Senility

Due to _____

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

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

10. Usual occupation Housekeeper

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name James K Thorne

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

14. Maiden name Margaret Summers

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

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? _____

16. (a) Informant J A Bailey

(b) Address Wainwright ark

17. (a) Burial (b) Date thereof Feb 2-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wainwright ark

18. (a) Signature of funeral director McClure funeral home

(b) Address Wainwright ark

19. (a) 2-3-45 (b) Leise Forsyth
(Date received local registrar) (Registrar's signature)

23. Signature J M. Thurdgill (M. D. or other)
Address Forsyth mo Date signed 3/2/45

MOTHER FATHER

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

RECEIVED

District Health Officer No. 6

District File Number 345-367

Date Filed MAR 29 1945

SARAH E. BAILEY

Sept 2 1934

AV in

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

Lawrence F. Hall

Licensed Embalmer No.

2784

Address

Winesville

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.