S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23386

FILED AUG 9 1945

Registration District No. 2 Primary Registration District No. 5092 Registrar's No. 50

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Rural-- Lone Oak Twp.
(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
In this community most of life in Bates Co.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Laura Ann Bailey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife Edgar Bailey

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased March (Month) 5, (Day) 73 (Year)

8. AGE: Years	Months	Days	If less than one day
72 72	4	2	hr. min.

9. Birthplace ---- (City, town, or county) Illinois / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James Chapman
13. Birthplace ---- (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name no record
15. Birthplace no record (City, town, or county) 9 (State or foreign country)

16. (a) Informant Alma Crumley
(b) Address Butler, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9-45 (Month) (Day) (Year)

(c) Place: burial or cremation Myers Cemetery

18. (a) Signature of funeral director Culver-Underwood
(b) Address Butler, Missouri

19. (a) July 10, 1945 (Date received local registrar) (b) Pauline Crumpton (Registrar's signature)

1506

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 7
year 1945 hour minute M.

21. I hereby certify that I attended the deceased from June 10, 1943 to July 7, 1945
that I last saw her alive on July 5, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	7 days
Due to arteriosclerosis	5 yrs.
Due to	
Other conditions Pernicious anaemia (Include pregnancy within 3 months of death)	4 yrs.

Major findings:
Of operations None Performed
Of autopsy none performed

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, public place?
(Specify type of place)

While at work? (e) Means of injury 2

23. Signature M. D. Bjerke (M. D. or other) D.O.
Address Rockville, Mo. Date signed 7/10/45

(Licensed Embalmer's Statement on Reverse Side)

AUG 10 1945

RECEIVED
District Health Officer No. 7
District File Number 8-7-745-725-
Date Filed 8-7-45-

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 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.