. S. No. 2
M—8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24068

State File No.

FILED AUG 14 1945

Registration District No. Primary Registration District No. 3023 6506 Registrar's No. 136

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

42
0
0

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton RR2 Windsor
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / Map
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry 42
(c) City or town Clinton Mo RR2 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) 0
If yes, name country

3. (a) PRINT FULL NAME Nellie Francis 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 Married
6. (b) Name of husband or wife Thomas
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Jan 23 1894
(Month) (Day) (Year)

8. AGE: Years 51 Months 5 Days 14 If less than one day hr. min.

9. Birthplace Hickory Co. 0
(City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name George Mullins
13. Birthplace Dont Know 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Maudes Barber
15. Birthplace Dont Know 9
(City, town, or county) (State or foreign country)
16. (a) Informant Thomas Baily
(b) Address Clinton Mo RR2
17. (a) Burial (b) Date thereof 7-8-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lowry City Mo
18. (a) Signature of funeral director Consolver + Peck
(b) Address Clinton Mo
19. (a) July 7 (b) Myrtle Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th year 1945 hour 2:30 minute A. M.
21. I hereby certify that I attended the deceased from 1944 July , 19 , to July 7th , 1945
that I last saw her alive on June 29 , 1945
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Lobar Pneumonia
Due to Carcinoma of Ovary
Due to Metastases to bladder
Other conditions & pelvic structures
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
HGW

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?
(Specify type of place)
While at work? (e) Means of injury ?

23. Signature Guy S Westfall (M. D. or other)
Address Clinton Mo Date signed July 7 45

1391

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Officer No. 7
7-45-825
8-13-45
Date Filed

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 J. E. Consolver

Licensed Embalmer No. 1891

P. O. Address Clinton 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.