

FILED OCT 23 1945

Registration District No. 59

Primary Registration District No. 4099

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Pleasant Hill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 114 S. Lake /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 years
(Specify whether years, months or days)
In this community 18 years

3. (a) PRINT FULL NAME

Bile ann 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 James A. Bailey 6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased Oct. 2 1884
(Month) (Day) (Year)

8. AGE: Years 61 Months 01 Days 1 If less than one day hr. _____ min. _____

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

10. Usual occupation

11. Industry or business

12. Name William Jackson
13. Birthplace ? (City, town, or county) (State or foreign country)
14. Maiden name Parlie Flipon
15. Birthplace ? (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lloyd Smith
(b) Address Herman, Mo.

17. (a) Burial (b) Date thereof 10-7-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director Allen Brownfield

(b) Address Pleasant Hill, Mo.

19. (a) Oct. 13-45 (b) Laura J. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Pleasant Hill, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 114 S. Lake
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4
year 1945 hour 3 minute 9 M.

21. I hereby certify that I attended the deceased from Sept. 26 1945, to Oct. 4 1945
that I last saw her alive on Oct. 3 1945
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duration 1 yr.

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy 932

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 0

23. Signature L. V. Mura (City or town) Pleasant Hill, Mo.
Address Pleasant Hill, Mo. Date signed 10-6-45

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.....

By me 10-3-45....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Allen Brownfield

Licensed Embalmer No.....

3785

P. O. Address.....

Pleasant Hill

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.