

FILED NOV 8 1945

Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 101

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

1. PLACE OF DEATH

(a) County Lawrence

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

(c) Name of hospital or institution: Aurora Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hrs. Hospital
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson

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

(d) Street No. 4 miles E. of Aurora
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Fannie Elzina Bailey

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Elmer

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

7. Birth date of deceased Aug. 12 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>2</u>	<u>12</u>	hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER, FATHER {

12. Name Ezike Willhite

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

14. Maiden name Mary Boster

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

16. (a) Informant Howard Bailey

(b) Address Summersville Mo.

17. (a) Burial (b) Date thereof 10/30/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Chapel

18. (a) Signature of funeral director Rayford O. E. Olcott

(b) Address Houston Mo.

19. (a) Nov 3-1945 (b) Prs McMatt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29
year 1945 hour 1 minute 40 A. M.

21. I hereby certify that I attended the deceased from Oct 28
11 1945 to Oct 29 1945
that I last saw him alive on Oct 28 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration short

Due to Cirrhosis of liver

Due to Chronic Par. Nephritis

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

Major findings:

Of operations _____

Of autopsy _____

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) (e) Means of injury

23. Signature W. B. Huron (M. D. or other) _____
Address Aurora, Mo. Date signed Oct 30

1765

RECEIVED

District Health Officer No. 6

District File Number 1145-1082

Date Filed NOV 7 1945

JAN 7 1946

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

No Embalming

Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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.