

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED NOV 28 1945

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36867
Do not use this space.

1. PLACE OF DEATH

(a) County Cag Registration District No. 59
(b) Township Pleasant Hill Primary Registration District No. 4099
(c) City Pleasant Hill / (d) Street No. 226 N. Taylor St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 0 yrs. mos. ds.

2. PRINT FULL NAME

Irene Bailey
(a) Residence, No. 226 N. Taylor St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Robert Scott Bailey (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 6 1853

7. AGE YEARS 92 MONTHS 3 DAYS 6 If LESS than 1 day, ... hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housework
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 10 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Cynthina (STATE OR COUNTRY) Ky.

FATHER 13. NAME Robert Scott

14. BIRTHPLACE (CITY OR TOWN) Cynthina Ky. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Hannah Steel

16. BIRTHPLACE (CITY OR TOWN) Synthina Ky. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Jessie Bailey
Pleasant Hill, Mo.

18. BURIAL, CREMATION, OR REMOVAL Burial
PLACE Pleasant Hill DATE 11-14-45

19. FUNERAL DIRECTOR (NAME) Allen Brownfield (ADDRESS) Pleasant Hill, Mo.

20. FILED 11-19-45 Laura J. Jones Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12 1945

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9 1945 to Nov 12 1945

I last saw him alive on Nov. 12 1945. Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset 11-9-45

Other contributory causes of importance:

Arteriosclerosis
Hypertension

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) L. V. Murray, M.D.

(Address) Pleasant Hill, Mo.

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.....

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, above space should be left blank.